

Health Questionnaire

12 to 18 Years Old

CONFIDENTIAL VISIT

Imprint Area

Date:

Important!! Please read first...

- This information is **CONFIDENTIAL**. It will not be shared with anyone (unless you are considering suicide, or are being sexually or physically abused).
- Your doctor is asking these questions to discuss your personal health and safety, not to judge you or your friends.

- Do you always wear a seat belt when riding in a car? yes no
- Have you ever had any trouble in school (with classmates, teachers, or in class)? no yes
- Do you spend time in a home with anyone who smokes? no yes
- Do you spend time outdoors without sunscreen, or other protection
such as a hat or shirt? no yes
- Do you have any missing organs (eye, kidney, testicle)?..... no yes
- Do you have any heart problems or high blood pressure? no yes
- Have you ever had chest pain or severe difficulty breathing? no yes
- Have you ever fainted during exercise? no yes
- Have you ever fainted or had convulsions (seizures)?..... no yes
- Have you ever had a concussion (head injury) or been unconscious?..... no yes
- Have you ever had a serious joint injury? no yes
- Have you ever been hit, slapped, kicked, or physically hurt by someone?..... no yes
- Do you have friends who are gang members? no yes
- Do you have access to a firearm (do you, your parents, or friends have a firearm?) no yes
- Have you ever been in trouble with the law? no yes

Please Turn Over

PHYSICIAN & PRACTITIONER USE AREA	
Referral to:	
<input type="checkbox"/> Neurology	<input type="checkbox"/> Sports Medicine
<input type="checkbox"/> Teen Clinic	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> Cardiology	
MD/NP/RN	

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- Do you receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, curandero, or other healer)? no yes
- Do you find it hard to stop thinking about food, your weight, or your body size? no yes
- Have you smoked cigarettes or chewed tobacco in the last 30 days? no yes
- Have you drunk alcohol (beer, wine, liquor) in the last 30 days? no yes
- Have you ever been in a car with a driver who had too much to drink or was on drugs? no yes
- Have you ever tried drugs (marijuana, cocaine, ecstasy, glue, or meth)? no yes
- Have you started dating? no yes
- Have you ever had sex (including oral, vaginal, or anal sex)? no yes
If yes, do you think you or your partner could be pregnant? no yes
- Do you sometimes have sexual feelings for someone of your own sex? no yes
- Have you ever been forced or pressured to have sex? no yes
- Have you ever thought seriously about running away from home? no yes
- Have you ever seriously thought about killing yourself (made any plans)? no yes
- Do you have a close friend, a relative, or another adult you feel you can talk to? yes no

Is there anything else you would like to talk about today?

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Please provide the following information in case we want to contact you or leave you a private message.

Phone or pager number

Good times to call you

E-mail address

School name

Thanks for filling out this
questionnaire!