Parent Questionnaire

Teen Well Check

Imprint area

Date:

Dear Parent,

Because we want to give your teenager the best health care, we are asking your teen to complete a private questionnaire. We would like to know if your teen has any questions about health or development, or if your teen has behaviors that could hurt him or herself or others. *We would like parents to complete this separate questionnaire.*

During this visit, we will try to answer your questions, as well as your teen's questions. If we do not have time to answer all of your concerns at this visit, we will arrange to have a phone call with you soon. Thank you for your help.

State laws protect the confidentiality of the adolescent

- Do you have concerns about your teen's health or lifestyle? . . . . . ❍ No ❍ Yes
  If yes, please describe:_____
  _____
- Have you noticed any changes in your teen's behavior: unusual anger or irritability, withdrawal, secrecy, sadness, depression, problems at school? . . . . . ❍ No ❍ Yes
  If yes, please describe:_____
  _____
- Have there been any major changes in your family since your child's last visit? . . ❍ No ❍ Yes
  If yes, please describe:_____
  _____
- Has any family member died suddenly when he or she was younger than 40 years old? . . . . . ❍ No ❍ Yes
  If yes, please describe:_____
  _____
- Have you or any of your teen's other close relatives had a heart attack or stroke (before age 55 for men or before age 65 for women)? . . . . . ❍ No ❍ Yes

PREVENTING TUBERCULOSIS (TB)

Has your child had a TB skin test in the last year? . . . . . ❍ No ❍ Yes
Have you or anyone who lives in your house had a positive TB skin test or active TB? ❍ No ❍ Yes
Has your child ever received BCG (a TB vaccine sometimes given in foreign countries)? ❍ No ❍ Yes
Was your child or another household member born outside the U.S.? . . . . . ❍ No ❍ Yes
Has your child lived outside the U.S. for more than one month? . . . . . ❍ No ❍ Yes
Have you or a family member worked or lived in a jail or prison? . . . . . ❍ No ❍ Yes
Has your family ever lived in a homeless shelter or on the street? . . . . . ❍ No ❍ Yes

Please let us know how to reach you, in case we need to call. Thanks!

_____
Phone or pager number

_____
Good times to call you

_____
E-mail address

PHYSICIAN & PRACTITIONER USE AREA

_____
_____
_____
MD/NP/RN

Thanks for filling out this questionnaire!

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