

Well Child Questionnaire for Children 11-15 Years Old

Patient Name: _____ Birthdate: _____

Person completing form: _____ Today's date: _____

Please list any changes in the patient's home since the last visit: _____

Please list any medical care received outside of our office since the last visit: _____

Please list any changes to the patient's FAMILY history since the last visit: _____

Please list all of the patient's current medications: _____

Please list any known food or medication allergies: _____

Please circle/fill in where indicated:

1) Does the patient get at least 3 servings of calcium a day? (ex. milk, yogurt, cheese) Yes No
Please note that all dairy should be low fat or non fat.

2) Please list any multivitamins or supplements that the patient takes: _____

3) Has the patient had a fasting lipid panel (cholesterol) drawn previously? Yes No

4) Do you have any specific concerns regarding the patient's eating habits? Yes No

If yes, please describe: _____

5) Sleep is important for mental and physical wellbeing. Children should sleep 8-12 hours at night. Please list any specific sleep concerns you have: _____

6) What grade/school is the patient in? _____

7) Please list any assistance the patient is receiving: _____

8) Please list any academic concerns: _____

9) Please list any extracurricular activities: _____

10) How many hours of physical activity a week does the patient get? _____
Please note that a minimum of 45 minutes 4 days per week is recommended

11) Please list any concerns regarding the patient's social habits: _____

12) Are you concerned that the patient may have significant anxiety or depressive symptoms? Yes No

If yes, please describe: _____

13) Please list any concerns regarding the patient's pubertal development. For females, please note whether cycles have started and their frequency/duration and any related concerns: _____

14) The patient should continue routine dental exams/cleanings in addition to any other dental/orthodontic care.

Tuberculosis Risk Questionnaire

Was the patient born in or has the patient traveled to any of the following areas: Africa, Asia, Latin America, Eastern Europe or Russia? Yes No If yes, where: _____

Was the patient exposed to a household member who was born in or traveled to any of the above listed areas?
Yes No If yes, to whom was the patient exposed: _____

Was the patient exposed to anyone with known tuberculosis or anyone who had a positive skin or blood test for tuberculosis?
Yes No If yes, to whom was the patient exposed: _____

Does the patient spend time with someone who has been in a shelter, prison/jail or someone who uses illegal drugs or has HIV?
Yes No If yes, please explain: _____