



PATIENT NAME _____ AGE _____ SEX _____ EXAM. DATE _____

Welcome to you and your son or daughter.

(Please explain right-hand column answers here.)

1. Do you have any concerns about your son or daughter's overall health or happiness? No Yes
2. Is s/he having any chronic or recurrent health problems? No Yes
3. Is s/he eating well and maintaining a normal weight? Yes No
4. Does s/he sleeping well and having a satisfactory energy level? Yes No
5. Does s/he have any "bad" habits or behavior problems? No Yes
6. Is your son or daughter doing well in school? Yes No
Grade _____ School _____
7. On a scale of 1 (very unsatisfied) to 5 (very satisfied) how do you think your son or daughter would rate his or her life? 1 2 3 4 5
8. Has your son or daughter had any serious illnesses, injuries, hospitalizations or surgery? No Yes
9. Does your son or daughter have any allergies? _____ No Yes
10. Does s/he take any medications or supplements regularly? No Yes
Name: _____
11. Are his or her immunizations up-to-date? Yes No
12. Does s/he have regular dental checkups? Yes No
13. Has s/he ever been physically, mentally or sexually abused? No Yes
14. Are you concerned about possible involvement with any of these: No Yes
 Alcohol Smoking Pot Sex Drugs Self-harm
15. Which of the following have shown developmental changes?
 Hair Genitals Breast Body shape Menses Voice
16. Does s/he have any special or unusual talents or activities? No Yes

17. Have there been any major changes, stresses or new health problems in the family recently? No Yes
18. Does everyone in the family use seat belts in the car? Yes No
19. Do you have a working smoke alarm? Yes No
20. Have you all had formal CPR and First Aid training? Yes No
21. Are there any smokers in your home? No Yes
22. Are there firearms in your home? No Yes
23. Do you have any questions about the Tetanus-Diphtheria-Pertussis, Hepatitis A or B, or Meningococcal vaccines that may be due today? No Yes
24. Are there any special questions you would like to ask today? No Yes
1)
2)
3)