Capitola Pediatrics — 15 to 19 Year Examination

4145 Clares St., Ste. A, Capitola, CA 95010 831-476-1933 Office 831-476-2677 Fax

PATIENT NAME________________________________ AGE________ SEX________ EXAM. DATE________________

Welcome to our office.

(Please explain right-hand column answers here.)

	Question		
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.	Does s/he get along well with his or her peers?	Yes	No
7.	Is s/he doing well in school?	Yes	No
	Grade____________ School______________________________________		
8.	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
9.	Has your son or daughter had any serious illnesses, injuries, hospitalizations or surgery?	No	Yes
10.	Does your son or daughter have any allergies?_______________________	No	Yes
11.	Does s/he take any medications or supplements regularly?	No	Yes
	Name:____		
12.	Are his or her immunizations up-to-date?	Yes	No
13.	Does s/he have regular dental checkups?	Yes	No
14.	Has s/he ever been physically, mentally or sexually abused?	No	Yes
15.	Are you concerned about possible involvement with any of these:	No	Yes
	❑ Alcohol ❑ Smoking ❑ Pot ❑ Sex ❑ Drugs ❑ Self-harm		
16.	For daughters, have menstrual cycles begun and are they normal?	Yes	No
17.	Does s/he have any special or unusual talents or activities?	No	Yes
	____		
18.	Have there been any major changes, stresses or new health problems in the family recently?	No	Yes
19.	Does everyone in the family use seat belts in the car?	Yes	No
20.	Do you have a working smoke alarm?	Yes	No
21.	Have you all had formal CPR and First Aid training?	Yes	No
22.	Are there any smokers in your household?	No	Yes
23.	Are there firearms in your household?	No	Yes
24.	Are there any special questions you would like to ask today?	No	Yes

1)

2)

3)