



PATIENT NAME _____ AGE _____ SEX _____ EXAM. DATE _____

Thank you for coming to our office for this health review and examination. This questionnaire is strictly confidential and will be read only by yourself and your physician. Your answers will help us know how to advise you on health issues. If you are not sure about an answer, circle the question mark.

		<i>(Please explain right-hand column answers here.)</i>	
1.	Do you generally feel happy and healthy?	Yes	No ?
2.	Do you have any chronic or recurrent health problems?	No	Yes ?
3.	Are you satisfied with your nutrition and weight?	Yes	No ?
4.	Do you sleep well and have a satisfactory energy level?	Yes	No ?
5.	Do you have any habits or behaviors that bother you?	No	Yes ?
6.	Are you doing well in school? Grade _____ School _____	Yes	No ?
7.	On a scale of 1 (very unsatisfied) to 5 (very satisfied) how do you rate your own present life?	1 2	3 4 5
8.	On a scale of 1 (very poorly) to 5 (very well) how well do you communicate with your parents?	1 2	3 4 5
9.	Have you ever been physically, mentally or sexually abused?	No	Yes ?
10.	Are you or a close friend or relative involved with any of these: (Circle) Alcohol Smoking Pot Sex Drugs Self-harm	No	Yes ?
11.	Have you been pressured about taking drugs or having sex when you would rather not?	No	Yes ?
12.	Are you, or have you been, sexually active?	No	Yes
	• If you are having sex, are you using condoms?	Yes	No
	• If you are having sex, are you using birth control?	Yes	No
13.	(For women) Have your menstrual cycles begun yet and do they seem normal?	Yes	No
14.	Are you allergic to anything, including medications? _____	No	Yes
15.	Are you taking any medicines or supplements? _____	No	Yes
16.	Do you have any special or unusual talents or activities? _____	Yes	No
17.	Are you in any sports?	No	Yes
18.	Have there been any major changes, stresses or new health problems in the family recently?	No	Yes
19.	Do you always wear seat belts in the car?	Yes	No
20.	Do you drive?	No	Yes
21.	Have you and your parents signed a Drinking/Driving Contract?	Yes	No ?
22.	Do you ever feel so sad that you think about dying?	No	Yes ?
23.	Do you ever seriously consider running away from home?	No	Yes ?
24.	Are there firearms in your home?	No	Yes
25.	Are there any special questions you would like to ask today?	No	Yes
	1)		
	2)		
	3)		