

# 11 years and Older – well child care

Arrival Time: \_\_\_\_\_

## Household

Who lives in the home (e.g. Father, mother, brother, etc.)? \_\_\_\_\_

## Development

Doing well in school	Yes	No
Maintains Friendships	Yes	No
Behavior at home and in school considered Acceptable by others	Yes	No
Engages in regular exercise	Yes	No
Television watching less than 2 hours/day	Yes	No

Please list after school activities including work and sports: \_\_\_\_\_  
\_\_\_\_\_

Are you dating?	Yes	No
Do you have questions about Alcohol, Drugs, or Sexual issues	Yes	No

## Nutrition

Eats three meals per day with snacks	Yes	No
Drinks skim, 1-2% milk	Yes	No
Eats relatively well balanced diet	Yes	No
Well water or city water?	Well	City

## Bowel Habits

Every day or every other day stool	Yes	No
Stooling is painless and non-bloody	Yes	No

## Safety

Wears a seatbelt in automobile	Yes	No
Wears a bicycle helmet	Yes	No
Are there smoke detectors in your house	Yes	No
Any smokers?	Yes	No
Any guns in the house?	Yes	No

Any questions or concerns?  
If yes, what are they?

\*Adolescents are given the opportunity to see the doctor privately and have their parents join them afterwards if they wish. Discussions with the physician are private and will be held in confidence.

# Preventive Screen Questionnaire

## Tuberculosis Risk Assessment:

Was your child born in, or lived more than a year in a country other than the U.S.?	Yes	No
Has your child been exposed to anyone with either active or a history of Tuberculosis disease?	Yes	No
Is your child living in a house hold with anyone who is HIV Positive?	Yes	No
Is your child part of a migrant worker family?	Yes	No

## Heart Disease/Cholesterol Risk Assessment:

Is there a family history of parents/grandparents under 55 years of age with a heart attack, heart surgery, angina or sudden cardiac death?	Yes	No
Has the child's mother or father been diagnosed with high cholesterol? (240 mg/dL or higher)	Yes	No
Is the child/adolescent overweight?	Yes	No
And is there also a personal history of:		
Smoking?	Yes	No
Lack of physical activity?	Yes	No
High blood pressure?	Yes	No
High cholesterol?	Yes	No
Diabetes mellitus?	Yes	No