



FAMILY HEALTH ASSOCIATES

PEDIATRIC HEALTH MAINTENANCE 13-17 YEARS PATIENT QUESTIONNAIRE

Please check all of the following conditions or symptoms you have experienced since your last annual physical exam.

Note when these symptoms began occurring.

Cardiovascular

<input type="checkbox"/>	None of the symptoms below
<input type="checkbox"/>	Chest pain: _____
<input type="checkbox"/>	Dizziness Fainting: _____
<input type="checkbox"/>	High blood pressure Racing heart or skipped beats: _____
<input type="checkbox"/>	Tire easily more than your friends during exercise: _____
<input type="checkbox"/>	Close relative with heart problem or sudden death before age 50: _____
<input type="checkbox"/>	Unable to run 2 laps around track (½ mile): _____

Neurologic

<input type="checkbox"/>	None of the symptoms below
<input type="checkbox"/>	Severe or frequent headaches: _____
<input type="checkbox"/>	Severe dizziness: _____
<input type="checkbox"/>	Convulsions Seizures: _____
<input type="checkbox"/>	Pinched nerve Head injury/concussion: _____
<input type="checkbox"/>	Loss of consciousness (passed out): _____

Respiratory

<input type="checkbox"/>	None of the symptoms below
<input type="checkbox"/>	Asthma: _____
<input type="checkbox"/>	Trouble breathing, chest tightness, coughing with exercise: _____



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Musculoskeletal

<input type="checkbox"/>	None of the symptoms below
<input type="checkbox"/>	Broken bone: _____
<input type="checkbox"/>	Recurrent pain or injury to: _____
<input type="checkbox"/>	Neck Shoulder Back Hip: _____
<input type="checkbox"/>	Knee Ankle Foot/Toes: _____
<input type="checkbox"/>	Elbow Wrist Hand/Fingers: _____

Other

<input type="checkbox"/>	Use special or protective equipment (brace, neck roll, hearing aid, mouth guard): _____
<input type="checkbox"/>	Illness from exercising in the heat: _____
<input type="checkbox"/>	Dental appliances (retainer, braces, bridge): _____
<input type="checkbox"/>	Glasses/contacts/protective eyewear: _____
<input type="checkbox"/>	Skin problems/acne: _____



WELL CHILD: 13-17 YEARS FAMILY HEALTH ASSOCIATES



Name: _____ Weight _____ lbs _____ oz. (_____ %)
Date: _____ Length _____ in (_____ %)
BP: _____ / _____ HR: _____
Vision R _____ / _____ Vision L _____ / _____

NUTRITION

- Drink plenty of water.
- Maintain caloric balance with exercise and activity.
- Your body and nutritional needs are changing; to stay healthy, eat a balanced diet with an emphasis on grains, fruits and vegetables.
- Limit fat and cholesterol.
- Include foods rich in calcium and iron.
 - Good sources of calcium include milk, cheese and yogurt.
 - Good sources of iron are dry cereal, meat, beans and vitamins.

SUPPLEMENTS

- We advise a daily supplement of vitamin D (400–600 IU) and calcium (1200 mg) if you drink less than 16 oz. of milk per day, and a multivitamin with iron if you choose a vegetarian diet.

HYGIENE

- You are responsible for your own hygiene.
- Daily dental flossing and brushing with toothpaste is advised with dental visits every 6 months.
- Good dental hygiene protects your general health.
- If acne is a problem for you, please discuss it with us, as there are many good treatments for acne.
- Use sunscreen to protect your skin from sun damage.

Virginia Mason Hospital & Medical Center. (2017). Well child check. Retrieved September 6th 2017, from https://www.virginiamason.org/workfiles/pdfdocs/pediatrics/Well_Child_Info/p_WCC_Handout-13_to_17_Years-900630.pdf

SPORTS

- Regular physical activity is a key component of good health.
- A good goal is 30–60 minutes per day.
- Find an activity you enjoy alone, or with friends, or with a team.
- Limit recreational screen time (video, TV, computer, etc.) to less than one hour per day.
- Drink caffeine-free fluid to maintain hydration with athletics.
- Please discuss sports supplements and medications with us before using them.

RELATIONSHIP WITH PARENTS

- Your parents' role in your life is changing.
- Now your parents are helping you make wise decisions, not making the decisions for you.
- Discuss current events, drugs, alcohol, and sex with your parents.

- Encourage your parents to share their views about sex and the emotional and physical consequences with you.

SCHOOL

- You are responsible for your schoolwork now.
- Set goals for yourself.
- Ask for the help you need—that is why you have teachers.
- Get to know one teacher reasonably well and help that teacher to know you well.
- School success and school enjoyment go hand-in-hand.
- Find something you enjoy learning about.

SAFETY

- Risks come in all shapes and sizes.
- When you consider taking a risk, pause to consider the possible consequences of your choice and your behavior.
- Are you willing to take the responsibility and accept the consequences?
- Discuss safety issues as a family.
- Use helmets and seatbelts; they prevent many injuries and deaths
- Encourage your friends to use them too. Never read or send text messages while driving.