



FAMILY HEALTH ASSOCIATES

PEDIATRIC/ADOLESCENT HEALTH MAINTENANCE 18-21 YEARS WELL VISIT QUESTIONNAIRE

General

What would you like to talk about with your physician or nurse practitioner today?

Have you received health care elsewhere in the last 12 months? No Yes If yes, where and what for?

Whom do you live with? _____

Are you attending or plan to attend school? Yes No

Are you employed, full time or part time? Yes No

Please circle all of the following conditions or symptoms you have experienced:

- | | | |
|------------------------------|-------------------------|---|
| chest pain | convulsions or seizures | recurrent pain or injury to a bone or joint (Specify) |
| fainting | asthma | _____ |
| head injury/concussion | trouble breathing, | _____ |
| severe or frequent headaches | chest tightness | _____ |
| severe dizziness | coughing with exercise | |

Personal health

Do you exercise at least three times a week? Yes No

Are you happy with your current weight? Yes No

Do you smoke cigarettes or e-cigarettes, or chew tobacco? No Yes (____ packs/day)

Do you drink alcohol? No Yes

Do you use other drugs? No Yes If yes, please specify: _____

Do you ever go on a diet, restrict your eating, or eat in binges? No Yes

Do you ever drive drunk or high or ride with someone who is? No Yes

Have you ever been tested for sexually transmitted diseases or HIV? No Yes

Have you been feeling down, depressed, or irritable, or have you been having trouble sleeping for more than a few weeks? No Yes

Do you consider yourself: Straight or heterosexual Lesbian gay homosexual Bisexual
Something else Don't know

Females:

Do you have heavy, crampy, or irregular periods? No Yes

Are you using hormonal contraceptives (birth control pills or patch, Depo shots, NuvaRing, etc.)? No Yes

Have you ever had a pelvic exam (Pap test)? No Yes

Have you ever been pregnant? No Yes

Please provide your personal/mobile phone number (with area code): _____

Is it OK to leave a detailed voice mail message with, for example, test results? Yes No

(If you check No, we will only leave a message asking you to call us back if we need to reach you.)

Completed by (Name and relationship to patient)

Date



WELL CHILD: 18-21 YEARS FAMILY HEALTH ASSOCIATES

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

PHYSICIAN RELATIONSHIP

- The doctors in this office are here to help you be as healthy as you can be.
- Now that you are no longer a minor, you are responsible for your own health care, even if you are still covered by your parents' insurance.
- Now is the time to figure out just how you can make this transition. Will you start scheduling your own appointments and coming to them by yourself? Will you be picking up your own prescriptions?
- We also protect the confidentiality of your medical care, including sensitive health issues such as reproductive health (birth control, pregnancy, and sexually transmitted diseases including HIV/AIDS testing) and mental/emotional health (depression, anxiety, or drug/alcohol problems).
- Now is also a good time to figure out the role of your parents in managing both routine and sensitive health issues, and clearly communicate your preferences to us.
- Please feel free to discuss with your doctor any questions you have regarding privacy of the information you provide during your appointments.

NUTRITION

- Are you comfortable with your nutrition and your weight?
- 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.
- Drink plenty of water.
- Maintain caloric balance with exercise and activity.
- Please ask questions about your nutrition or weight.

SUPPLEMENTS

- We advise a daily supplement of vitamin D (400–600 IU) and calcium (1200 mg) if you drink less than 24 oz. of milk per day, and a multivitamin with iron if you choose a vegetarian diet.

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.

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 a 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.
- 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. Who are your social supports? Who do you talk with when something is bothering you? Who do you feel accepts you as you are?

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.
- Never ride in a vehicle driven by someone who has been drinking alcohol.

IMMUNIZATIONS

- We recommend influenza vaccination every year. Visit flu.gov for more information, and visit virginiamason.org every fall for flu vaccine clinic information. We can check to be sure you are up-to-date, but if we do not have your complete vaccine record, please obtain prior records and provide them to us for review.