



## FAMILY HEALTH ASSOCIATES

### PEDIATRIC HEALTH MAINTENANCE – 11-12 YEARS PARENT QUESTIONNAIRE

#### General

Do you have any concerns or worries about your child? \_\_\_ No \_\_\_ Yes If “yes”, please specify:

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Do you have concerns about your child’s vision or hearing? \_\_\_ No \_\_\_ Yes

Have you begun talking to your child about puberty, dating, and sex? \_\_\_ Yes \_\_\_ No

#### Diet and Exercise

What type of milk does your child drink? Whole                      1 or 2%                      Skim                      Soy

How much milk does your child drink each day? \_\_\_\_\_

Does your child eat a good variety of foods (meat, vegetables, grains, fruit)? \_\_\_ Yes \_\_\_ No

Are you worried about your child’s weight or eating habits? \_\_\_ No \_\_\_ Yes

Does your child watch TV or play on a computer more than 1 hour per day? \_\_\_ No \_\_\_ Yes

Is your child involved in any activities such as sports or youth group? \_\_\_ Yes \_\_\_ No If “yes”, please list: \_\_\_\_\_

#### School

What school does your child attend? \_\_\_\_\_ What grade? \_\_\_\_\_

Do you have any concerns about how your child is doing in school? \_\_\_ No \_\_\_ Yes

Does your child receive any special help in school (e.g., LAP, IEP, etc.)? \_\_\_ No \_\_\_ Yes If “yes”, what services does your child receive? Please specify: \_\_\_\_\_

#### Safety

Does your child use a helmet while biking, skating, or scootering? \_\_\_ Yes \_\_\_ No

Does your child always use a seat belt in the car? \_\_\_ Yes \_\_\_ No

Does your child ever ride in the front seat of the car? \_\_\_ No \_\_\_ Yes

Does your child know how to swim? \_\_\_ Yes \_\_\_ No

Are you afraid of your partner or anyone close to you? \_\_\_ No \_\_\_ Yes

Do you feel overly stressed or unsupported? \_\_\_ No \_\_\_ Yes

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Completed by (Name and relationship to patient)

Date



WELL CHILD: 11-12 YEARS  
FAMILY HEALTH ASSOCIATES



Name: \_\_\_\_\_ Weight \_\_\_\_\_ lbs \_\_\_\_\_ oz. ( \_\_\_\_\_ %)  
Date: \_\_\_\_\_ Length \_\_\_\_\_ in ( \_\_\_\_\_ %)

BP: \_\_\_\_\_ / \_\_\_\_\_ HR: \_\_\_\_\_  
Vision R \_\_\_\_\_ / \_\_\_\_\_ Vision L \_\_\_\_\_ / \_\_\_\_\_

**IMMUNIZATIONS** : Tdap (tetanus, diphtheria, and whooping cough booster), Menactra (meningococcal meningitis), and HPV vaccine.

**IBUPROFEN (Advil, Motrin)**

**Acetaminophen (Tylenol)**

Childs Weight	Infant Dose (50mg/1.25mL)	Children suspension (100mg/5mL)	Child's Weight	Infant's or Children's suspension (160mg/5mL)
18-23lbs	1.87mL	3.75mL	18-23lbs	3.75mL
24-35lbs	1.25mL + 1.25mL	5mL	24-35lbs	5mL
36-47lbs	1.25mL + 1.25mL	7.5mL	36-47bs	7.5mL
48-59lbs	5mls	10mL	48-59lbs	10mL
60-71lbs		12.5mL	60-71lbs	12.5mL
72-95lbs		15ml	72-95lbs	15mL
96+lbs		20ml	96+lbs	20mL

**Ibuprofen** may be given every 6 hours and not more than 4 times in 24hours. CHECK THE CONCENTRATION OF THE IBUPROFEN YOU ARE USING

**Acetaminophen** may be given every 4 hours, but not more than 4 times in 24hours. Please call the office if fever persist for more than 2 days or if you have any questions

NEXT APPOINTMENT: 11 years, 12 years, 13 years old

**NUTRITION**

- Reinforce the value of a healthy diet.
- Eat together as a family whenever possible.
- Give daily supplements of vitamin D (400 IU) and calcium (1200 mg) if your child takes less than 16 oz. of milk per day. Avoid juice and sweetened drinks.

**DENTAL CARE**

- Continue taking your child to the dentist every 6 months.
- Ask me about fluoride supplements if your child drinks water without fluoride.
- Brushing and flossing twice daily is a healthy routine to model and reinforce.

**HYGIENE**

- Acne and body odor may appear.
- Daily showers and deodorant may be appropriate.
- When acne first appears, washing with soap and rinsing well twice a day is very helpful. There are many other helpful treatments available now. Please ask if you are interested.
- Use sunscreen daily. SPF 30 is recommended.

## **DEVELOPMENT**

- Tells time, reads for pleasure, tells jokes, appreciates own talents.
- School and peer relationships gain importance.
- Encourage daily exercise, exercise together or get involved in sports.

## **PARENTING**

- Enjoy physical activity together.
- Stay in touch with teachers.
- Discuss and limit TV, computer and video game time to less than two hours a day.
- Discuss current events.
- Share your family values and discuss drug use, sex, alcohol, and smoking.
- Discuss puberty.

## **SAFETY**

- Personal safety and the consequences of risk-taking should be openly discussed now.
- Reinforce consistent helmet and seatbelt use.
- State law requires children under 13 to ride in the back seat when practical.
- Discuss gun safety. Do the homes your child spends time in have guns? If so, are they locked safely with ammunition locked in a separate place?
- Model consistent use of seat belts and helmets, not using a cell phone while driving, and other safe behaviors.

## **PHYSICIAN RELATIONSHIP**

- As your child approaches adolescence, we continue to encourage you, the parents, to express health concerns you have, and encourage you to be your child's primary resource for guidance through these important transitional years.
- We also encourage our adolescent patients to talk to their parents about their health, while, at the same time, developing a primary relationship with their physician and taking more responsibility for their own health. P
- Parents should understand that, for minors capable of making sound decisions about their health, Oregon State Law allows minors, age 15 years or older, to seek medical care for the following conditions, even without the consent of their parents:
- Treatment for illnesses or injuries (colds, sprained ankle); • Sports or camp physicals; • Dental visits (check-ups, cleanings, fillings); • X-ray services; • Emergency room visits; • Vision care (except for first time contact lens visit); and • Immunizations.
  - Ages 14 years or older: Seeking help from a psychiatrist or psychologist; • Seeking mental health therapy from a doctor or social worker; and • Seeking help for drug or alcohol use
  - Oregon law does not give minors a "right" to confidentiality or parents a "right" to disclosure. However, federal law may offer additional protections in some circumstances. When a minor self-consents for health care services, providers are encouraged to use their best clinical judgment in deciding whether to share information with the parent or guardian (ORS 109.650)

Oregon Health authority. (2016). Minor rights: Access and Consent to Health Care. Retrieved August 30, 2017, from <http://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/Documents/minor-rights.pdf>