



# ABC Pediatrics

## 13-18 year Pre-visit Questionnaire

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Academics: (Above average) (Average) (Below average)

Socialization: Interacts well with family? YES NO Interacts well with peers? YES NO

Bathes: Daily Every other day Appetite: Good Fair Poor

Diet: Balanced? \_\_\_\_ Eats fast food? \_\_\_\_ Skips Meals? \_\_\_\_

Type of water (bottled/well/city): \_\_\_\_\_ # of hours sleeping at ONE time \_\_\_\_\_

Is there any secondhand smoke exposure in your home or car? \_\_\_\_\_

Current Dentist: \_\_\_\_\_ Current School: \_\_\_\_\_

Check all that apply:

- My child engages in behavior that supports a healthy lifestyle such as health diet and staying active
- My child has at least one responsible adult in their life who cares about them and who they can go to for help
- My child has at least one friend or one group of friends that they are comfortable with
- My child helps others individually or by working with a group in school, such as church or in the community
- My child is able to bounce back from life's disappointments
- My child has a sense of hopefulness and self confidence
- My child has become more independent and is making more of their own decisions as they become older
- My child is particularly good at doing certain things like math, cooking, theater, hunting:

Describe \_\_\_\_\_

<b>TB Screen</b>	<b>Has a family member or contact been diagnosed with TB?</b>	<b>YES</b>	<b>NO</b>
	<b>Was you child born in a country at high risk for TB?</b>	<b>YES</b>	<b>NO</b>
	<b>Has your child traveled to a country at high risk for TB?</b>	<b>YES</b>	<b>NO</b>

Are there any other questions or concerns you would like to discuss?

\_\_\_\_\_  
\_\_\_\_\_

Wt \_\_\_\_\_ Ht \_\_\_\_\_ BP \_\_\_\_\_ P \_\_\_\_\_ T \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_