

TEEN HEALTH RECORD – Complete all items honestly

ALL PARTS TO BE COMPLETED BY THE TEEN; ALL ANSWERS ARE CONFIDENTIAL

Name _____ Age _____ Grade _____ Date _____
 School _____

PART A – CURRENT HEALTH STATUS

1. List your goals for the next 12 months _____

2. List all medications you are presently taking and why you are taking it
 - a. _____
 - b. _____
 - c. _____
3. How would you describe your overall health?

PART B – HEALTH HISTORY

YES NO

1. Are you allergic to any medication? [] []
2. Have you ever had an illness or injury that:
 - a. required you to stay in hospital? [] []
 - b. required you to go to an emergency room or see a doctor? [] []
 - c. caused you to miss 5 days of school or sports practice/a competition? [] []
 - d. required an operation? [] []
 - e. required x-rays? [] []
 - f. is chronic (i.e., asthma, diabetes, etc.)? [] []
3. Have any members of your family under age 50 had a heart attack, heart problem, or died suddenly? [] []
4. Have you ever:
 - a. been dizzy or passed out after exercise? [] []
 - b. been unconscious/had a concussion? [] []
 - c. had a seizure? [] []
5. Have you ever had a heart murmur, high blood pressure, or a heart problem? [] []
6. Do you:
 - a. wear glasses or contacts? [] []
 - b. wear dental bridges/plates/braces? [] []
7. For females only:
 - a. At what age did you experience your first menstrual period? _____
 - b. In the last year, what is the longest time you went between periods? _____
 - c. When was the first day of your last menstrual period? _____

PART C – HEALTH HISTORY

YES NO

1. Do you play sports or do other physical exercise at least three days a week? [] []
2. If you play sports, have you used steroids or drugs to improve performance? [] []
3. Have you ever used any street drugs (marijuana, crack, crystal, etc.)? [] []
4. Have you ever consumed beer/wine/alcohol? [] []
 Have you consumed any in the past 3 months? [] []
5. Have you ever smoked/chewed tobacco? [] []
 Have you in the past 3 months? [] []
6. Do any of the following smoke/chew:
 - a. Parent(s)/Guardian(s)? [] []
 - b. Brother(s)/Sister(s)? [] []
 - c. Friend(s)? [] []
7. Have you ever had a sexual experience with anyone? [] []
 If yes:
 - a. Do you always use birth control? [] []
 - b. Do you always use a condom? [] []
 - c. Did you use a condom last time? [] []
 - d. Have you had a sexual relationship in the last 3 months? [] []
8. Have you ever had a sexually transmitted disease? [] []
 If yes, which kind? _____
9. Have you ever been or gotten someone pregnant? [] []
10. Have you carried a weapon in the past 3 months (gun, knife, etc.)? [] []
11. Do you or your friends belong to a gang? [] []
12. Do you have any concerns about school/work? [] []
13. Are you worried about any other condition or problem at this time? [] []
14. Do you always wear a seat belt? [] []
15. Do you get along well with your family? [] []
16. Is there an adult at home you can confide in? [] []
17. Have you been sad for an unusual period of time in the last 3 months? [] []
18. Have you thought of harming yourself in the last year? [] []

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19. Anything else you may want to share at this time with us, please write/describe your concerns below.
All information you submit to the Flaton ADDept Center will be kept confidential between you, Dr. Flaton, and other providers at the Flaton ADDept Center.

I hereby state that to the best of my knowledge, my answers to the above questions are correct.

Signature of Teen: _____ Date: _____