

17-21 years

Does the child have any medical problems?

yes no If yes, please

list _____

Has the child had any surgeries? yes no

If yes, please list type

Is there a family history of illness or disease? Immediate family only. yes no

If yes, please list

Who lives in the home with the child?

Does anyone in the home smoke? yes

no

Is the child taking any medications on a daily basis? yes no If yes, please list

all

medications _____

Is the child allergic to any medication?

yes no If so, what?

Is the child in school?

public

private

chartered

home school

What grade is child in? _____

A's B's C's D's failing

Any concerns with school? yes no

Any caffeine use? yes no

Does the child exercise? yes no

Teeth:

Good Fair Poor

Has the child seen a dentist in the last 6 months? yes no

Self esteem:

high low

Body Image:

Positive Negative

Sleep:

no problems

has problems

Any problem wetting the bed or pants?

yes no

Elimination:

regular

irregular

Constipation

Diarrhea

Alcohol/ Tobacco/Drug/Firearms

Any alcohol use? yes no

Any tobacco use? yes no

Any drug use? yes no

Any guns in the home? yes no

17-21 years

Please check all the boxes that apply

- Excessive sun exposure? yes no
Does child wear a seatbelt? yes no
Any concerns with hearing? yes no
Any concerns with vision? yes no
Any problems since last visit? yes no
ER visits? yes no

Diet:

Soda/Sugar beverages/juice:

- Less than 1 glass a day
 2 or more glasses a day

Food Reactions:

- yes no

Dairy Source:

- whole milk
 2% milk
 1% milk
 Other: _____

Daily Amount:

- Less than 3 servings a day
 More than 3 servings a day

Caregiver Relationships:

- good with mother
 poor with mother
 mother not involved
 good with father
 poor with father
 father not involved
 currently in foster care
 good with caretaker
 poor with caretaker

Relationship with siblings:

- good
 fair
 poor
 only child

Activities/Spots:

- football
 basketball
 baseball
 soccer
 swimming
 afterschool activated? _____

TV/Computer/Video:

- more than 2 hours a day
 less than 2 hours a day
 has a computer at home
 has video games at home
 content monitored
 content not monitored

Friends:

- many friends
 few friends
 no friends
 someone to talk to with issues
 positive role model

Diet:

- lots of junk food
 fast food more than twice a week
 vegetables
 fruits
 breakfast and lunch at school
 Dinner with the family

Sleep:

- less than 8 hours/night
 8 hours/night
 more than 8 hours/night