



"Healthy Kids Are Our Business"



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Teen Questionnaire

For us to provide you with the best possible healthcare, we would like to get to know you better and know how things are going for you. Our discussions with you are private. We hope you feel free to talk openly with us about yourself and your health. Information is not shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

What changes or challenges have there been at home since last year?

Do you live with anyone who uses tobacco or spend time in any place where people smoke? YES NO

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Table with 2 columns: Topic and checkboxes for selection. Topics include: Your Growing & Changing Body, School & Friends, How Are You Feeling, Healthy Behavior Choices, Violence & Injuries.

Questions

Table with 5 columns: Question, YES, NO, UNSURE. Rows include: Dyslipidemia, Alcohol or Drug Use, Anemia, STIs.

For Females Only

Table with 5 columns: Question, YES, NO, UNSURE. Row: Anemia.

Growing & Developing

Check off all of the items that you feel are true for you:

- List of 8 items for selection regarding lifestyle, support, and independence.

Describe: \_\_\_\_\_