

Appt Date _____

12 year Check Up

Patient Name _____ DOB _____

Name of person filling out form _____ Phone number _____

Nutrition:

How many cups of milk does your child drink per day? _____

How many cups of juice does your child drink per day? _____

How many cups of water does your child drink per day? _____

How many cups of soda does your child drink per day? _____

Does your child eat a variety of meats, fruits, and vegetables each day? _____

Bowel/Bladder:

Any concerns about your child's voiding or stooling? _____

Sleep:

How many hours does your child sleep at night? _____

Hearing/ Vision:

Any concerns about your child's hearing or vision? _____

Social hx:

How much screen time does your child get each day? _____

What school does your child attend? _____ What grade? _____

Does your child do well in school? _____ Any concerns? _____

What activities/hobbies does your child enjoy? _____

Advice and Guidance for Parents: (please check off as you read) **Safety:** Accidents remain the main cause of injury; always use seatbelts when riding in a car. Keep dangerous things like firearms, matches, and alcohol away from your child. Wear SPF 30 or greater for sun exposure Be sure your child brushes his/her teeth at least twice a day. Regular dental exams are important. Does anyone smoke inside your home, including the basement or garage? Y___ N___; If yes is he/she interested in quitting? Y___ N___ Does anyone caring for your child smoke in the house, car, basement, garage, or outside? Y___ N___; If yes, is he/she interested in quitting? Y___ N___ Limit screen time to no more than 2 hours per day. You should not put a TV in your child's room. Many youth may need help with organization and setting priorities. Emphasize the importance of school; recognize success and achievements **Nutrition:** Your child should have at least 3 servings of dairy every day for calcium, limit sugar drinks, and encourage your child to choose nutritious foods and snacks. Packing your child's school lunch is also encouraged. **Sleep:** Your child should have at least 9 hours of sleep every night. **Behavior:** Clearly discuss rules and expectations for acceptable behavior*(for podcasts on Behavior, go to www.shotshurtless.com)*

Pediatric Symptom Checklist—Youth Report (Y-PSC)

Please mark under the heading that best fits you:

		Never	Sometimes	Often
1. Complain of aches or pains	1	_____	_____	_____
2. Spend more time alone	2	_____	_____	_____
3. Tire easily, little energy	3	_____	_____	_____
4. Fidgety, unable to sit still	4	_____	_____	_____
5. Have trouble with teacher	5	_____	_____	_____
6. Less interested in school	6	_____	_____	_____
7. Act as if driven by motor	7	_____	_____	_____
8. Daydream too much	8	_____	_____	_____
9. Distract easily	9	_____	_____	_____
10. Are afraid of new situations	10	_____	_____	_____
11. Feel sad, unhappy	11	_____	_____	_____
12. Are irritable, angry	12	_____	_____	_____
13. Feel hopeless	13	_____	_____	_____
14. Have trouble concentrating	14	_____	_____	_____
15. Less interested in friends	15	_____	_____	_____
16. Fight with other children	16	_____	_____	_____
17. Absent from school	17	_____	_____	_____
18. School grades dropping	18	_____	_____	_____
19. Down on yourself	19	_____	_____	_____
20. Visit doctor with doctor finding nothing wrong	20	_____	_____	_____
21. Have trouble sleeping	21	_____	_____	_____
22. Worry a lot	22	_____	_____	_____
23. Want to be with parent more than before	23	_____	_____	_____
24. Feel that you are bad	24	_____	_____	_____
25. Take unnecessary risks	25	_____	_____	_____
26. Get hurt frequently	26	_____	_____	_____
27. Seem to be having less fun	27	_____	_____	_____
28. Act younger than children your age	28	_____	_____	_____
29. Do not listen to rules	29	_____	_____	_____
30. Do not show feelings	30	_____	_____	_____
31. Do not understand other people's feelings	31	_____	_____	_____
32. Tease others	32	_____	_____	_____
33. Blame others for your troubles	33	_____	_____	_____
34. Take things that do not belong to you	34	_____	_____	_____
35. Refuse to share	35	_____	_____	_____