

Appt Date _____ 17 year Check Up
Patient Name _____ DOB _____
Name of person filling out form _____ Phone number _____

Nutrition:

How many cups of milk do you drink per day? _____
How many cups of juice do you drink per day? _____
How many cups of water do you drink per day? _____
How many cups of soda do you drink per day? _____
Do you eat a variety of meats, fruits, and vegetables each day? _____

Bowel/Bladder:

Any concerns about your voiding or stooling? _____

Sleep:

How many hours do you sleep at night? _____

Hearing/ Vision:

Any concerns about your hearing or vision? _____

Social hx:

How much screen time does you get each day? _____
What school do you attend? _____ What grade? _____
Do you do well in school? _____ Any concerns? _____
What activities/hobbies do you enjoy? _____

Advice and Guidance for the Patient: (please check off as you read)

- Safety: Always use seatbelts when riding in a car. Practice safe driving habits.
- Do not to use tobacco, alcohol, other drugs, or participate in sexual activities. Avoid situations in which alcohol and drugs are readily available. Have positive and open conversations about these issues with your parents. If you do drink, do not drive while under the influence of alcohol.
- Wear SPF 30 or greater for sun exposure
- Be sure to floss daily and brush your teeth at least twice a day. Regular dental exams are important.
- Minimize your exposure to cigarette smoke
- Does anyone smoke inside your home, including the basement or garage? Y___ N___; If yes is he/she interested in quitting? Y___ N___
- Limit screen time (TV, computer, video games) to no more than 2 hours per day.
- You should participate in at least 30-60 minutes of physical activity every day.
- Nutrition: You should have at least 3 servings of dairy every day for calcium, limit sugar drinks, and choose nutritious foods and snacks. Packing your lunch for school is also encouraged.
- Sleep: You should have at least 9 hours of sleep every night.
- Behavior: Abide by your parents' rules and expectations. Try to work through solutions to problems and make appropriate decision, go to your parents for advice if needed.

Do you have any concerns or questions you need to address with the doctor? _____

Do these concerns need to be addressed privately? _____

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	_____	_____	_____