

Appt Date _____ 18 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 questions or concerns 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 | _____ | _____ | _____ |