

Four Seasons Pediatrics

Well Visit Form for 12 Year to 17 Year Well Visit

Child's Name: _____ Birth Date: _____ Age: _____

Today's Date: _____

Any change in address, if so list new information:

Please check off all that are true about your teenager:

Relates well to me

Relates well to siblings

Is performing well in school. Current GPA is: _____

What does he/she plan to do after high school? _____

Accomplishes assigned chores reasonably

Holds a part time job

Spends most free time with other teenagers

Popular with peers

Usually a happy person

He/She is developing a good self image

I approve of his/her friends

He/She communicates with me concerning frustrations and bad feelings

Is there any aspect of sex education and/or behavior you would like us to discuss with your child?

If yes, please explain: _____

Absent from school for less than 2 days each month

Has not expressed concerns for dropping out of school

No conduct problems in school

Do not have to discipline him/her frequently

To my knowledge, he/she has not tried any drugs

Is not sexually active to my knowledge

There are no recent marital problems that may affect my teenager

There is no contemplation of an upcoming parental separation or divorce

The family is not under any significant serious stresses. If yes, describe:

Screening – Please check the box if any of the following are true:

My child has had exposure to tuberculosis or a person with a positive skin test

There is a family history of high cholesterol of > 240 in either parent or grandparents

There is a family history of heart disease before 55 in either parent or grandparents