13-21-Year-Old Well Child Visit

Patient's Name: _____Age: _____ Date: _____

Person completing the form _____ Relationship to the patient _____

Have you had any illnesses, hospitalizations, or surgeries since last visit here? (YES) (NO)

Nutrition:	**Yes**	**No**
Are you drinking low-fat milk, limited to no more than 2-3 cups per day?	☐	☐
Is juice or sugary drinks limited to 0-1 servings per day?	☐	☐
Do you eat a variety of fruits/vegetables/dairy/meat?	☐	☐
Do you regularly take a supplement that contains Vitamin D?	☐	☐
On average, do you eat fast food one or more times per week?	☐	☐
Are you satisfied with your current weight?	☐	☐

Family and Social History:	**Yes**	**No**
Are there any major illnesses in the family that we are not already aware of?	☐	☐
Are there any major stressors in the family (illness, moves, death, separation)?	☐	☐

Preventative Health/Risk Factors:	**Yes**	**No**
Is screen time (TV/videos/video games/computer/tablet/phone) limited to less than 2 hours a day?	☐	☐
Do you have a TV or internet in your bedroom?	☐	☐
Do you always wear a seatbelt?	☐	☐
Are you exposed to anyone that smokes?	☐	☐
Do you wear a helmet when riding a bike, skateboarding, rollerblading, etc.?	☐	☐
Are there any guns in the home?	☐	☐
• If yes, are they always kept empty and locked?	☐	☐
Are there smoke detectors and fire extinguishers in the home?	☐	☐
• Are they checked yearly?	☐	☐
Has your child had close contact with anyone who has tuberculosis (TB), or is at high risk for TB (visited Africa, Asia, Latin America, Caribbean Country, been homeless or jailed, IV user, HIV positive)?	☐	☐
Do you see a dentist twice a year and brush teeth daily?	☐	☐
Are you getting daily exercise?	☐	☐
Are you going to need a sports form completed within the next year?	☐	☐

PLACE PATIENT LABEL HERE

Heart Health:	Yes	No
Do you get chest pain when you exercise?	☐	☐
Have you ever pass out during or immediately after exercise?	☐	☐
Do you have **unexplained** shortness of breath or fatigue during exercise?	☐	☐
Does your heart ever **suddenly** race (beat fast) without a good reason?	☐	☐
Have you ever had an unexplained seizure?	☐	☐
Have you ever been diagnosed with high blood pressure, a heart infection, high cholesterol, Kawasaki disease, or another heart problem?	☐	☐
Has anyone in your family died suddenly from a heart problem before the age of 40?	☐	☐
Has anyone in your family died suddenly for an unknown reason before the age of 40 (including sudden infant death syndrome (SIDS), unexplained car accident, or drowning)?	☐	☐
Does anyone in your family have any of the following specific genetic heart conditions: hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia (CPVT), Brugada syndrome, or Marfan syndrome?	☐	☐

Puberty:	Yes	No
Have you begun to have periods?	☐	☐
• If yes, are they regular?	☐	☐
• If yes, are they minimally uncomfortable?	☐	☐

Academic:	Yes	No
What grade are you in? _____		
Are you scoring at or above grade level?	☐	☐
Do you enjoy reading?	☐	☐
Are you involved in extracurricular activities?	☐	☐
Do you receive any extra services, tutoring? PT, OT, speech therapy, etc.?	☐	☐

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