OBERLIN ROAD PEDIATRICS

PARENT/GUARDIAN

Well Child Check: School Aged Child (15-17 years)

Your Child's Name: _____

Do you have any concerns about your child's behavior, learning, or development? If yes, please describe:

_____

_____

What things delight you the most about your child?

_____

_____

Does your child take any medications or supplements, including vitamins? If yes, please list. □ No □ Yes: _____

Does your child have known allergies to foods/medicines? If yes, please list. □ No □ Yes: _____

Does your child see any specialists outside of Oberlin? □ No □ Yes: _____

Dental Health:

Does your child see a dentist 1-2 times a year?	□ Yes	□ No
Does your water source contain fluoride?	□ Yes (=city water)	□ No (=well water)

Tuberculosis screen:

Has your child had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test?	□ No	□ Yes
Was your child or any household member born in or traveled to a high-risk country? (This includes countries in Africa, Asia, Latin America, and Eastern Europe)?	□ No	□Yes

Does your teen have interests outside of school?	□ Yes	□ No
Is your teen having any problems at school?	□ No	□ Yes
Have you discussed ways to deal with stress?	□ Yes	□ No
Do you help your teen make decisions and solve problems?	□ Yes	□ No
Does your family get along well with each other?	□ Yes	□ No
Does your family do things together?	□ Yes	□ No
Does your teen have chores and responsibilities at home?	□ Yes	□ No
Do you have rules and expectations for your teen?	□ Yes	□ No
Do you have any concerns about your teen's nutrition, weight, or physical activity?	□ No	□ Yes
Does your teen talk about getting "fat" or dieting to lose weight?	□ No	□ Yes
Do you think your child eats healthy foods?	□ Yes	□ No
Do you have any difficulty getting healthy food for your family?	□ No	□ Yes
Do you eat meals together as a family?	□ Yes	□ No
Does your child drink sugar sweetened beverages: juice/soda/sports drinks daily?	□ No	□ Yes
Is your child physically active at least 1 hour a day?	□ Yes	□ No
How much time does your teen spend on recreational screen time each day?	_____	
Does your teen have a TV, computer, tablet, or smartphone in his bedroom?	□ No	□ Yes

Do you think your teen gets enough sleep?	□ Yes	□ No
Has your teen bullied others?	□ No	□ Yes
Has your teen been bullied?	□ No	□ Yes
Do you know your teens friends and the activities they participate in or attend?	□ Yes	□ No
If your teen is in a relationship, is it respectful?	□ Yes	□ No
Would your teen tell you if someone pressured or forced them to have sex?	□ Yes	□ No
Have you noticed any changes in your teen's weight, sleep habits, or behaviors?	□ No	□ Yes
Is your teen frequently irritable?	□ No	□ Yes
Do you have concerns about your teen's emotional health, such as being frequently sad or depressed?	□ No	□ Yes
Do you think your teen worries too much or appears overly anxious?	□ No	□ Yes
Have you talked with your teen about relationships, dating, and sex?	□ Yes	□ No
Have you talked with your teen about his sexuality?	□ Yes	□ No
Do you have house rules about curfews, parties, dating, and friends?	□ Yes	□ No
Do you know where your teen friends are and what they are doing?	□ Yes	□ No
Have you talked with your teen about alcohol and drug use?	□ Yes	□ No
To your knowledge, is your teen currently using alcohol or drugs, or has she used them in the past?	□ No	□ Yes
Have you discussed consequences if you discover your teen is using tobacco, alcohol, or drugs?	□ Yes	□ No
Does your teen always wear a lap and shoulder seat belt and bicycle helmet?	□ Yes	□ No
Do you have rules or restrictions around driving?	□ Yes	□ No
Does your teen use sunscreen?	□ Yes	□ No
Do you feel safe in your home and community?	□ Yes	□ No
Has your partner or another significant person in your life ever hurt you or your teen?	□ No	□ Yes
Do you have the things you need to take care of your teen?	□ Yes	□ No
Does your home have enough heat/AC, hot water, electricity?	□ Yes	□ No
Within the past 12 months, were you ever worried whether your food would run out?	□ No	□ Yes
Is there anyone in your teen's life whose alcohol/drug use concerns you?	□ No	□ Yes
Does your teen have access to an unlocked gun?	□ No	□ Yes