

BAYSHOREPEDIATRICS// PARENTS OF ADOLESCENTS QUESTIONNAIRE**PATIENT NAME:** _____**DATE** _____

Your child is here for a well examination. As your child gets older it is important for your child to begin taking some responsibility in his or her health care. In order to facilitate this natural progression we will meet with your child privately for part of the visit today. This allows your teen to express any concerns or questions he or she may have and allows us to ask questions that may be of a more sensitive nature. Please understand that this part of the examination is kept confidential unless we find that your teen is in danger to him/herself or to others, or we have identified an issue that your teen wishes us to discuss with you. Please encourage your teen to use this time to discuss any issues of concern.

Your teen has been given a questionnaire as well. This questionnaire will be kept confidential. Please also be advised that parent and teen questionnaires are not copied and released with medical records and may be shredded after this visit if you or your teen desires.

Do you have any concerns or questions you would like to discuss with the doctor today? YES___NO___

Do you have any concerns you would like the doctor to discuss with your teenager? YES___NO___

Does anyone in the family have heart disease, diabetes, substance abuse, thyroid problems, mental health issues, cancer, gastrointestinal problems, kidney problems, neurological problems? YES___NO___
(circle which ones)

Tell us some of your teens strengths or things you like about him/her_____

Do you feel your teen is developing a good self image? YES___NO___
Do you think your child usually uses good judgement? YES___NO___
Does your teen seem down or withdrawn much of the time? YES___NO___
How many school absences has your teen had in the past school year (approx)?_____
Is your teen performing well in school? YES___NO___
To your knowledge, has your teen tried cigarettes, alcohol, drugs? YES___NO___
If yes, does your teen's use of these substances worry you? YES___NO___
To your knowledge, has your teen been sexually active? YES___NO___ If yes, have you discussed
contraception and STD prevention with your teen? YES___NO___
Do you get along with your teen most of the time? YES___NO___
Has your teen been in trouble with the law? YES___NO___

Is your family under any serious stress like illness, separation, divorce, death, economic hardship,
alcohol/drug abuse? YES___NO___

Please describe:_____

Do you have any firearms in the home? YES___NO___
Does your family participate in any religious activities? YES___NO___
What denomination?_____
Does your teen express any physical complaints to you frequently? YES___NO___

Anything else you would like us to know?_____

THANK YOU