Follow-Up Patient Questionnaire (Younger Teen)

Name (Full):

Today's Date: Sex:

What is the Main Reason for Your Appointment today? (Bubble in)

- ○ General Check-Up
- ○ Specific Question/Concern (If so describe in the lines below)

Update

Major changes in your life since your last visit?

Social History

Who do you live with most of the time? (circle one) Mother Father Step-parent Other_____

Do you live in more than one home? ○ Yes (Circle Primary Custodian: mother father shared)

Recent Changes/Stressors such as

- ○ Move to a new home / school
- ○ Parent loss of job
- ○ Parent Separation or Divorce
- ○ Change in living situation
- ○ Major illness / death in the family or friend
- ○ Other_____

Academic/Work History

Current School / Grade

What Grades Do you Get? ○ A's ○ B's ○ C's ○ D ○ F

Are you comfortable with how you do in school? ○ Yes ○ No

Activity, Nutrition, and Body Image

How many days per week do you participate in physical play or exercise or sports?	○ 0	○ 1-2	○ 3-4	○ 5+	
How many hours of TV, movies and computer/video games do you watch daily (combined)?	Week day	○ 0	○ <1	○ 1-2	○ 2+
	Week end	○ 0	○ <1	○ 1-2	○ 2+
How many times s a week does your family eat dinner together?	○ 0	○ 1-2	○ 3-4	○ 5+	
How many hours of sleep do you get every	Weekday	○ <6	○ 0-8	○ 8-10	○ >10
	Weekend	○ <6	○ 0-8	○ 8-10	○ >10
How many times a week do you eat fast food?	○ 0	○ 1-3	○ 4-7	○ >7	
How many times per week do you have sugared drinks (soda, sports drinks, etc.)	○ 0	○ 1-2	○ 3-5	○ 5+	
Has anyone ever told you they have concerns about your weight / eating			○ No	○ Yes	

In the last year...

How often do you feel extremely worried	○ Rarely	○ Sometimes	○ Often
How often do you feel extremely sad or hopeless?	○ Rarely	○ Sometimes	○ Often
Are you thinking about running a way from home?	○ Yes	○ No	○ Not Sure
Are you thinking about killing yourself?	○ Yes	○ No	○ Not Sure
Have you ever been a victim of abuse (emotional, sexual, physical)?	○ Yes	○ No	○ Not Sure
If so, please explain_____	○ Emotional	○ Physical	○ Sexual

May we share these answers with your parents (circle)? Yes No

Lake Lewisville Pediatrics
(972)-315-8500