PEDIATRIC HEALTH CARE ALLIANCE, P.A.
Your Child's Medical Home™

Patient Information for Pediatric Visits for Adolescents 12–18 Years

Because of our respect for you as a young adult, we would like to offer you time to discuss issues with your doctor without your parent's presence. We promise you confidentiality. Only if we become concerned that you are going to hurt yourself or someone else will matters be discussed with your parents. We do encourage you to discuss most issues openly with your family and hope to help you think of ways to do this.

During teen years, your value system may no longer match that of your family. You may be experiencing behaviors that place your health at risk. Please help us help you by honestly answering the following questions.

	Yes	No
1. Do you now, or have you in the past smoked cigarettes, cigars, e-cigarettes, pipes, or chewed tobacco?	☐	☐
2. Do you now, or have you in the past used illegal drugs (including marijuana)?	☐	☐
3. Do you sniff anything to get "high"?	☐	☐
4. Do you drink alcohol?	☐	☐
5. Are you attracted to boys, girls, both, or neither?	_____	
6. Are you having sex now, or have you had sex with anyone in the past?	☐	☐
If so, was this with your consent, something you wanted?	☐	☐
Are you using any kind of birth control (condoms, etc.)?	☐	☐
7. Do you feel depressed?	☐	☐
8. Do you feel anxious?	☐	☐
9. Is anyone harming you?	☐	☐
10. Do you have concerns about your current weight?	☐	☐
11. Do you have any issues you would like to discuss confidentially with your doctor?	☐	☐

If yes, please describe:

_____

_____

Are your parents aware of some or all of the above? _____

Is there a private number where you can be reached? (_____) _____

Name 3 things you like about yourself:

_____

_____

Your Signature: _____ ***Date:*** _____