

THOUSAND OAKS PEDIATRICS INTERIM HISTORY – TEEN

(To be completed by patient)

Name _____

Date _____

- Do you have any concerns or problems that you would like to address in addition to your physical exam? _____

- Do you have any concern about your body development?

- Have there been any significant illnesses or injuries since your last physical? _____

- Circle any of the following that have ever happened, and give details below:
Fainting, difficulty breathing, broken bones, bad sprains, head injury

- For girls, at what age did you start your period? _____
Do you get your period every month or do you skip months? _____
How many days does your period last? _____
- When was the last time you saw your dentist for a teeth cleaning? _____
- What grade & school are you in (or just finish)? _____
What is your best subject? _____
In what classes are you getting less than a C grade? _____
Has this class always been difficult? _____
- What sports do you play? _____

- What kind of things to do you like to do for fun? _____
• _____
- Who lives at home with you? _____
- What kind of pets/animals live at your house? _____
- Do you eat breakfast, lunch, AND dinner? _____
Do you eat fruits and vegetables every day? _____
How much junk food (sweets, chips, fast food, ice cream, etc) do you eat every day?

- Does anyone smoke at home? _____
- Is there a gun in your home? _____ Where and how is it stored? _____
- Which of the following safety measures do you practice regularly (circle all that apply):
*Wear a helmet when using a bike, skateboard, scooter, etc; wear a seatbelt whenever riding in a car;
never drive with someone who is intoxicated or high from drugs*