FLINT
FAMILY HEALTHCARE
4 N. MAIN STREET
MAYSVILLE, GA 30558

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Well Checkup - 11-18 Years

Patient Name:

_____DOB:_____Appt. Date: _____

Nutritional Issues

Please circle *yes* or *no* in response to each of the categories below

Anemia ☐ Yes ☐ No	Weight concerns ☐ Yes ☐ No	Daily Vitamins ☐ Yes ☐ No	Chronic GI Problems: ☐ Yes ☐ No	Special Diet ☐ Yes ☐ No	Food Allergies: ☐ Yes ☐ No

Diet (Number of servings per day)				
Dairy	Protein	Vegetables	Fruits	Carbohydrates

Nutritional Comments:

Developmental Tasks

School:	Circle all that apply.				
Grade Level:	___Fifth, ___Sixth, ___Seventh, ___ Eighth, ___Ninth, ___Tenth, ___Eleventh, ___Twelfth				
Social Interaction Special Education: ☐ Yes ☐ No	Has a best friend Interested in music/art Involved in clubs/extracurricular activities Involved in sports Lack of interest in after-school activities Withdrawn	Yes No Yes No Yes No Yes No Yes No Yes No	Performance	Above-average grades Average grades Below-average grades Schoolwork is difficult	Yes No Yes No Yes No Yes No
Behavior	Has been involved in disagreements Parent/Teacher conferences regarding behavior Suspension Talkative in classes	Yes No Yes No Yes No Yes No	Attention	Does not pay attention Lack of interest No interaction in class Skips classes	Yes No Yes No Yes No Yes No

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Homework	Bring school books home Does homework Has a quiet place to study	Yes No Yes No Yes No			

Home Survey

Cooperation	Argumentative Follows Rules Helps with Household Chores Helpful Lethargic Does chores around the house	Yes No Yes No Yes No Yes No Yes No	Parent: Child Interaction	Confides when stressed Discusses plans Disrespectful Frustrations with school and thoughts of dropping out Respects parents' limits Spends quality time with family	Yes No Yes No Yes No Yes No Yes No Yes No
Sibling Interaction	Does not interact with siblings Ignores Siblings A sibling is the best friend Sibling rivalry	Yes No Yes No Yes No Yes No	Any Parent/Teacher Concerns:		
If female:	Does the patient have a menstrual cycle? Yes No When did the patient start a menstrual cycle? When was the patient's last menstrual period? Do you have any concerns about the patient's menstrual cycle?				