

**9th grade and up year check**

Name \_\_\_\_\_ Age \_\_\_\_\_

*Patient only to fill out this paper. Please circle all that apply.*

*Please give us a urine sample. Cups are in the bathroom.*

I take the following medications: \_\_\_\_\_

Since my last visit I have seen the following specialists: \_\_\_\_\_

Since my last visit I have had the following health problems: \_\_\_\_\_

\_\_\_\_\_

I go to \_\_\_\_\_ school.

School is going  
not well    ok    great

Outside of school I am involved with: \_\_\_\_\_

My GPA is about a: \_\_\_\_\_

My parent(s) like my friends:  
yes            no

In the past year I have been:  
arrested      suspended

I am dating:  
not now      one person      but nothing serious

My parent(s) worry about my diet too much:  
yes            no

We (or close friends or neighbors) have the following:  
gun      trampoline      pool      ATV      boat

Things at home are:  
stressful    ok    great

Compared to my friends my moods are:  
pretty happy    pretty sad    about the same    other

I have problems with:  
sleep    constipation    my weight

I would like to talk about the following thing(s) with the doctor: