



Well Child Health Screen: 11-13 Years

Name: _____ Birthdate: _____ Visit Date: _____

General Health Updates

Who is completing this form?	<input type="checkbox"/> Patient <input type="checkbox"/> Mom <input type="checkbox"/> Other, please list: <input type="checkbox"/> Dad
Any questions, concerns, or problems you want to discuss today?	
Any updates to the patient's health? (i.e. new conditions, surgeries, etc.)	
Any family health, family status or social updates we should be aware of?	
Any concerns about their development, learning or behavior?	
Who lives with the patient?	
Any smoke or e-cigarette exposure?	
Anything else you want to share? (milestones, proud moments, etc.)	

Health Risk Screening

The following questions may prompt your provider to complete further testing, depending on the answer. Ask your provider if you have any questions about these health screening questions.

Have they seen an eye doctor in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns about low iron levels or anemia?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Life

Are there barriers that prevent you from spending time each day interacting with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in the home/family have problems with drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline

Nutrition

Do you have concerns or questions about what or how they are eating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you eat together as a family?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
How often do they drink caffeine, soda or other sugary drinks?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Rarely <input type="checkbox"/> Never
Do you have any concerns about their weight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they eat three regular meals every day?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never

Oral Health

- Do they have any current dental decay/cavities? Yes No Unknown
- Do they brush their teeth twice a day? Yes No
- Have they been to a dentist in the last 6 months? Yes No

Sleep

Healthy sleep is important for growth, development, and learning. Infants and toddlers may sleep 15-18 hours in a day, while school-aged children should be getting more than 10 hours a day. We do not recommend having a screen in their bedroom as this can affect sleep.

- Do you have any concerns about the amount or quality of their sleep? Yes No

Activity & Screen Time

- Is the patient vigorously active for at least one hour a day? Yes No
- Does the patient spend more than two hours a day in front of a screen that is not related to schoolwork? Yes No

School

Learning and socialization are a critical part of development and the skills learned there will continue to be used throughout their life. Talk to your provider if you have any specific concerns, make sure to mention if the patient is on an IEP or has a 504 for extra support.

- What grade are they in and what school do they attend?
- Do they enjoy school? Yes No
- Do you have any concerns about their relationships and involvement at school? Yes No
- Do they have any learning difficulties at school (such as poor grades or support already in place like tutoring, an IEP or 504)? Yes No

Safety

- Do they and other passengers always wear a safety belt while riding in a vehicle? Yes No
- Do you use sunscreen regularly? Yes No
- Do you have questions about how to keep them safe around water? Yes No
- Do they wear a helmet every time they ride a bike, scooter, skateboard, ski/snowboard? Yes No
- If you have guns in your home, are they stored safely (locked with ammunition stored separately)? Yes No Don't have guns
- Have you talked to them about what to do if they encounter a gun? Yes No
- Have you talked to them about personal boundaries and asked them to come to you if something inappropriate happens? Yes No
- Have you talked with them about safe and appropriate use of social media/internet? Yes No

Sexuality

- Have you talked to them about how their body will change during puberty? Yes No
- How would they describe their gender?