

Confidential PATIENT 2022 Bright Futures Pre-visit Questionnaire Age 15-21 Years

Lori McAuliffe MD PA

Patient's FIRST Name ONLY: _____

Date: _____

Patient's Age: _____

Date of birth: _____

Diet/Growth:

- 1. I eat mostly healthy foods: Yes No
- 2. I feel that my body is (check all that apply): Too heavy Too light Just right Too tall Too short
- 3. I exercise daily and for at least 30 minutes a day: Yes No
 - a. What sport or activity? _____
 - b. During exercise, I feel dizzy, abnormally short of breath, faint or have chest pain? Yes No
- 4. I think I might have an eating disorder: No Yes, explain: _____

Puberty:

- 1. GIRL'S Puberty:
 - a. I am happy with the appearance of my skin: Yes No
 - b. My periods are (check all that apply):
 - i. Regular Irregular Very Heavy Normal Crampy Make me moody /depressed
 - ii. _____ days between periods with a period lasting _____ days at a time
 - iii. I use a period app to track: Yes No Which app? _____
 - iv. I am unhappy with my periods and would like to discuss what can be done to help: Yes No
 - b. I know how to do a self-breast exam: Yes No
- 2. BOY'S Puberty:
 - a. I am happy with the appearance of my skin: Yes No
 - b. I am able to have an erection: Yes No I know how to do a self-testicle exam to detect cancer: Yes No

Car Safety:

- 1. I have my Driver's License? Yes No I wear a seat belt always: Yes No I text while driving: Yes No

Elimination:

- 1. I pee regularly and without pain: Yes No I drink enough water that my pee comes out clear or light yellow: Yes No
- 2. I poop daily: Yes No My stool is: Soft Hard Painful Has blood on it

Sleep:

- 1. I sleep well: Yes No
 - a. I typically get _____ hours of uninterrupted sleep at night.
 - b. I have nightmares/sleepwalking/insomnia/sleep disturbance: Yes No
 - c. I look at screens(phone, computer, TV,etc) in the hour before I go to bed: Yes No
- 2. I sleep with my phone in my bedroom: Yes No

Behavior:

- 1. I smoke/vape: No Yes How often? _____
- 2. I use drugs or drink alcohol: No Yes Which? _____ How much/often? _____
- 3. I have good friends who care about me and look out for me: Yes No
 - a. When I need advice or a good listener, I talk to: _____
- 4. I am concerned that I may have depression: Yes No I have thoughts of harming myself: Yes No
 - i. I am aware that the phone number 2-1-1 is a 24 hour free mental health hotline: I am now
- 5. I consider myself: Straight Gay/Lesbian Bisexual Transgender Unsure
 - a. I am attracted to: Boys Girls Both Neither
 - b. I am sexually active with: Boys Girls Both Neither – I have not had sex
 - i. I use contraception to prevent pregnancy: Yes No I have had unprotected sex
 - ii. I use contraception to prevent STDs: Yes No I am interested in being tested Yes No
 - iii. I am interested in talking/learning about contraception: Yes No

Learning:

- 1. I attend school at _____ Grade/Year: _____
- 2. My grades are typically (check all that apply): A's B's C's D's F's
- 3. I have a job: No Yes: _____ Hours/week I have a plan for my future: Yes No Unsure

Patient Signature: _____ **Private Phone number** where you can be reached: _____

Reviewed by Doctor: McAuliffe MD Class MD Spector MD Bordon MD Smith MD Starr Kidder MD 2/2021