

# Confidential PATIENT 2023 Bright Futures Pre-visit Questionnaire Age 15-21 Years

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Patient's FIRST Name ONLY: \_\_\_\_\_

Date: \_\_\_\_\_

Patient's Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

## Diet/Growth:

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

## Puberty:

- GIRL'S Puberty:
  - I am happy with the appearance of my skin: Yes No
  - My periods are (check all that apply):
    - Regular Irregular Very Heavy Normal Crampy Make me moody /depressed
    - \_\_\_\_\_ days between periods with a period lasting \_\_\_\_\_ days at a time
    - I use a period app to track: Yes No Which app? \_\_\_\_\_
    - I am unhappy with my periods and would like to discuss what can be done to help: Yes No
  - I know how to do a self-breast exam: Yes No
- BOY'S Puberty:
  - I am happy with the appearance of my skin: Yes No
  - 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:

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

## Elimination:

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

## Sleep:

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

## Behavior:

- I smoke/vape: No Yes How often? \_\_\_\_\_
- I use drugs or drink alcohol: No Yes Which? \_\_\_\_\_ How much/often? \_\_\_\_\_
- I have good friends who care about me and look out for me: Yes No
  - When I need advice or a good listener, I talk to: \_\_\_\_\_
- I am concerned that I may have depression: Yes No I have thoughts of harming myself: Yes No
  - I am aware that the phone numbers 2-1-1 and 9-8-8 are 24 hour free mental health hotlines: I am now
- I consider myself: Straight Gay/Lesbian Bisexual Transgender Unsure
  - I am attracted to: Boys Girls Both Neither
  - I have sex with: Boys Girls Both Neither – I have not had sex
    - I use contraception (condoms, BCPs, etc) to prevent pregnancy: Yes No I have had unprotected sex
    - I use contraception (condoms) to prevent STDs: Yes No I am interested in PrEP: Yes No
    - I am interested in being tested for HIV, Hepatitis C, Gonorrhea, Syphilis, Chlamydia: Yes No

## Learning:

- I attend school at \_\_\_\_\_ Grade/Year: \_\_\_\_\_
- My grades are typically (check all that apply): A's B's C's D's F's
- 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: McAuliffeMD ClassMD SpectorMD BordonMD SmithMD KidderMD CrocusMD ShahDO 11/22