Pre-Visit Questionnaire
15 - 21 Year Visits
for Patient

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today? ______________________

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What changes or challenges have there been at home since last year? ______________________

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Questions.

Section	Question	Yes	No	Unsure
Hearing	Do you have a problem hearing over the telephone?	❑ Yes	❑ No	❑ Unsure
	Do you have trouble following the conversation when 2 or more people are talking at the same time?	❑ Yes	❑ No	❑ Unsure
	Do you have trouble hearing with a noisy background?	❑ Yes	❑ No	❑ Unsure
	Do you often ask people to repeat themselves?	❑ Yes	❑ No	❑ Unsure
	Do you misunderstand what others are saying and respond inappropriately?	❑ Yes	❑ No	❑ Unsure
* Tuberculosis	Were you born in a country at high risk for tuberculosis (countries <u>other</u> than the United States, Canada, Australia, New Zealand, or Western Europe)?	❑ Yes	❑ No	❑ Unsure
	Have you traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	❑ Yes	❑ No	❑ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	❑ Yes	❑ No	❑ Unsure
	Have you ever been incarcerated (in jail)?	❑ Yes	❑ No	❑ Unsure
	Are you infected with HIV?	❑ Yes	❑ No	❑ Unsure
* Dyslipidemia	Do you have parents or grandparents who have had a stroke or heart problem before age 55?	❑ Yes	❑ No	❑ Unsure
	Do you have a parent with high blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	❑ Yes	❑ No	❑ Unsure
	Do you smoke cigarettes?	❑ Yes	❑ No	❑ Unsure
Anemia	Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	❑ Yes	❑ No	❑ Unsure
	Have you ever been diagnosed with iron deficiency anemia?	❑ Yes	❑ No	❑ Unsure
Alcohol / Drug Use	Have you ever had an alcoholic drink?	❑ Yes	❑ No	❑ Unsure
	Have you ever used marijuana or anything else to get high?	❑ Yes	❑ No	❑ Unsure
STI's	Have you ever had sex (including intercourse or oral sex)? **(If no, skip to the next section)**	❑ Yes	❑ No	❑ Unsure
	Are any of your past or current sex partners infected with HIV/AIDS, bisexual, or injection drug users?	❑ Yes	❑ No	❑ Unsure
	Have you been treated for a sexually transmitted infection?	❑ Yes	❑ No	❑ Unsure
	Have you ever had unprotected sex?	❑ Yes	❑ No	❑ Unsure
	Do you trade sex for money or drugs or have sex with partners who do?	❑ Yes	❑ No	❑ Unsure

Do you think you are attracted to: ❑ boys ❑ girls ❑ both ❑ unsure

over

For Females Only.

	Question			
Pregnancy	Was your **first** time having sexual intercourse more than 3 years ago?	❑ Yes	❑ No	❑ Unsure
	Have you been sexually active without using birth control?	❑ Yes	❑ No	❑ Unsure
	Have you been sexually active and had a late or missed period within the last 2 months?	❑ Yes	❑ No	❑ Unsure
Anemia	Do you have very heavy menstrual bleeding or other blood loss?	❑ Yes	❑ No	❑ Unsure
	Does your period last more than 5 days?	❑ Yes	❑ No	❑ Unsure
*	Is there a family history of any blood clotting disorders?	❑ Yes	❑ No	❑ Unsure

Additional Questions for Males and Females.

Have any of your relatives developed new medical problems since your last visit?

❑ Yes ❑ No ❑ Unsure If yes, please explain: ____________________

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Have there been any major changes in your family lately? ❑ No ❑ Yes

❑ *Move* ❑ *Separation* ❑ *Divorce* ❑ *Death in the family* ❑ *Job change* ❑ *Other* ____________________

* Do you live with anyone who uses tobacco or spend time in any place where people smoke? ❑ Yes ❑ No

Do you have any special health care needs? ❑ Yes ❑ No If yes, please explain: ____________________

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* List your current medications and doses: Include any herbs, vitamins or supplements: ____________________

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* What is the best way to contact you (please circle): home phone / cell phone / work phone: ____________________

* Would you like to share your email address? ____________________