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## Tips for Teens:

- Learn about your medical problems.
- Follow the treatment plan.
- Be honest with your physician.
- Be on time to your appointment.

## What should I talk to the doctor or nurse about?

You can talk to your doctor or nurse about anything! Fill your doctor or nurse in if you...

- Think you might be pregnant.
- Need birth control.
- Think you have a sexually transmitted disease (STD).
- Need information about alcohol, tobacco, or any drug use.
- Want to talk about personal, school, family issues, or feelings about sex and sexuality.

## What will my doctor or nurse tell my parents?

It is our practice to ask all parents and guardians to wait outside the exam room for part of your visit. This gives you and your provider a chance to discuss anything you may feel uncomfortable talking about in front of others.

**Your safety is most important to us.** Know that if you are doing anything to hurt yourself, or others, or if someone is hurting you, we may have to tell someone. We will always encourage you to talk to your parents or guardians about your health. We can help start the conversation.

## However,

Some things cannot remain confidential. Your health care provider will need to contact someone else to help if you say...

- You are being abused, physically and/or sexually.
- You are going to hurt yourself or someone else.
- You are under 16 and having sex with someone 21 years or older.
- You are under 14 and having sex with someone 14 years or older.

You as a young person, after you turn age 14, can consent for care on your own for problems and concerns in the areas of sexuality, mental health, and substance abuse. You do not need your parent or guardian's consent for other health services such as physicals and care for colds, flu, and injuries after you turn 15 years old. It's a good idea to talk with them or another adult you trust about the medical care you need. We want you to be safe. If you have any questions about confidentiality, please ask us!





### Adolescent Questionnaire – Ages 13 & Up

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Cell Phone# (if you have one): \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. Do you have any concerns to discuss with the doctor today? \_\_\_\_\_
2. Who lives in your home? \_\_\_\_\_
3. Who do you talk to when things aren't going well? \_\_\_\_\_
4. Have you ever been to counseling?  Yes  No
5. Are you in counseling now?  Yes  No If yes, who are you seeing? \_\_\_\_\_
6. Is there anything about yourself or your life you would like to be different? \_\_\_\_\_

#### School

1. Are you in school?  Yes  No If yes, what school? \_\_\_\_\_ What grade? \_\_\_\_\_
2. What do you like most about school? \_\_\_\_\_
3. Compared to last year, are your grades:  the same  better  worse
4. Have you ever cut classes, skipped school, been expelled, or suspended?  Yes  No
5. What do you do after school? \_\_\_\_\_
6. Do you work?  Yes  No
7. Are you currently experiencing bullying or cyber bullying?  Yes  No

#### Health Habits

1. Have you seen a dentist in the last year?  Yes  No
2. How many times a week do you exercise? \_\_\_\_\_ For how long? \_\_\_\_\_
3. What do you do for exercise? \_\_\_\_\_
4. Are you satisfied with the size or shape of your body and your physical appearance?  Yes  No
5. In the past year, have you tried to lose weight or control your weight by vomiting, taking diet pills, laxatives, or starving yourself?  Yes  No
6. Does anyone in your family drink alcohol or take drugs so much that it worries you?  Yes  No
7. Do you regularly use:
  - Seatbelts?  Yes  No
  - Helmets?  Yes  No
  - Sunscreen?  Yes  No
8. Have you ever fainted, passed out, or had an unexplained seizure suddenly and without warning, especially during exercise?  Yes  No





