

TEMESCAL CREEK MEDICINE

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ADOLESCENT HEALTH HISTORY

NAME: _____

DATE: _____

To help us have the most complete information, please take a moment to answer the following questions.

MEDICAL HISTORY

Present health concerns:

Do you have any ongoing medical problems for which you see a doctor or are taking a medication?

SURGICAL HISTORY

Have you had any surgeries in your lifetime? Please include surgery, year, name of surgeon and any complications.

MEDICATION HISTORY

MEDICATION	DOSAGE	FREQUENCY

MEDICATION ALLERGIES

List medication and type of reaction (eg rash, nausea, shock, etc)

FAMILY HISTORY

For each family member please include the **year of birth** and any **significant medical conditions** such as cancer or heart disease. If the family member is no longer alive, include **age of death and cause**.

Father:

Mother:

Siblings:

Other:

SOCIAL HISTORY

Where do you live?

Who lives at home with you?

Are your parents: married divorced separated unmarried

Where do you go to school?

What grade?

Do you have any concerns about your performance in school?

Do you have a job outside of school?

How stressful is your life? Scale of 1-10

SEXUAL HISTORY

Are you in a relationship (boyfriend/girlfriend)?

Are you sexually active? Yes No

If yes...

Do you have sex with males, females or both? Males Females Both

What type of contraception do you use?

Do you have unprotected sexual contact?

Have you ever been or gotten someone pregnant?

BEHAVIOR AND LIFESTYLE

During the PAST 6 MONTHS, did you:

Drink any alcohol (more than a few sips)? Yes No

Use any marijuana? Yes No

Use anything else to get high? (“anything else includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”) Yes No

Do you exercise on a regular basis? Yes No

How many days per week?: 1 2 3 4 5 6 7

How many minutes per session?: 10-20 min 20-40 min 40-60min >1 hour

Type of exercise?

PREVENTIVE CARE AND SCREENINGS (DATE OF LAST VACCINATION)

Gardasil:

Tetanus/Pertussis Booster:

Meningitis Vaccine:

ANYTHING ELSE?

You have several options for returning this document. 1) Fax to 877 512-3804 2) Email to tcmadmin@tcreekmed.com 3) Bring to your visit. We are looking forward to seeing you!