

Dear patient,

Current guidelines for preventive health services recommend screening for certain personal risk factors that may be associated with a person’s lifestyle. Please take a few moments to answer these questions, which will help us to complete your overall health assessment. **As with all of your personal health information, your answers will be strictly confidential.**

Date of Visit _____

Patient Name _____ Date of Birth _____

Directions: Please place an “x” in the box that represents your answer to each question

For patients 12-18 years of age	YES	NO
Have you ever tried or do you smoke a pipe, cigarettes or cigars or use chewing tobacco?		
Have you ever been in a physical fight?		
Is there a gun, rifle or other firearm where you live?		
Have you ever carried a weapon in order to protect yourself?		
Do you wear a seatbelt when riding in or driving a vehicle?		
Do you wear a helmet when you roller blade, skateboard, ride a bike?		
Did you ever take drugs to get high, stay awake, calm down, or go to sleep?		
Have you ever tried or do you regularly drink beer, wine or liquor?		
Does anyone in your family drink so much alcohol that it worries you?		
Do you engage in sexual activity? (If yes, how many partners have you had in the last 12 months?)		
Do you ever feel depressed or nervous to the point that you cannot carry out regular daily activities?		
Do you eat well balanced/nutritious meals and snacks?		
Do you exercise at least three times a week for thirty minutes or more?		

If you would like to discuss or receive information on any of the above topics please circle them.

Health Maintenance Information

Date of Last Dental Exam: _____

Date of Last Tetanus Shot: _____

Thank you for your responses.