

# BRISTOL PARK

## MEDICAL GROUP

### PREVENTIVE HEALTH QUESTIONNAIRE AGE 11 TO 24 YEARS

NAME: \_\_\_\_\_ MEDICAL RECORD #: \_\_\_\_\_

DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ MALE  FEMALE

#### ALL PATIENTS

1. Have you had a Tetanus / Diphtheria (dT) immunization in the last 10 years? .....Yes  No

If yes, what year? \_\_\_\_\_ Where performed? \_\_\_\_\_

2. Are you a non-smoker? .....Yes  No

#### PATIENTS AGES 11 AND 12

1. Have you had a second dose of MMR (Measles, Mumps, Rubella Vaccination) (recommended 12 to 15 months 4 to 6 years or 11 to 12 years)? .....Yes  No

2. Have you been counseled concerning Hepatitis B vaccination? .....Yes  No

#### WOMEN ONLY

1. Have you had a counseling on the benefits of calcium supplementation? .....Yes  No

**2. Women ages 12 years or older who are not pregnant**

Have you been tested for Rubella or have a documented prior Rubella vaccination in the past? . .Yes  No

If yes, what year? \_\_\_\_\_ Where performed? \_\_\_\_\_

**3. Women ages 18 years or older who are sexually active**

Have you had a PAP test in the past 1 to 3 years? .....Yes  No

If yes, what date? \_\_\_\_\_ results: \_\_\_\_\_ Where performed? \_\_\_\_\_

**4. Women planning or capable of pregnancy**

Have you been counseled on daily multivitamins with folic acid? .....Yes  No

\_\_\_\_\_  
PATIENT/GUARDIAN SIGNATURE

COMMENTS/ACTION TAKEN:

\_\_\_\_\_  
PROVIDER SIGNATURE