

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **INTERVAL HISTORY FORM FOR CHILDREN GREATER THAN THIRTEEN YEARS**

In order that I may better evaluate your health since your last visit to my office, I would greatly appreciate your answers to the following questions:

1. Since your last visit for a general check-up have there been any significant health problems or illnesses? If not treated in this office, please list the specifics of the medical care required.
  
2. Describe any changes in your home, parent's marital, or your living situation.
  
3. Describe any changes in your eating habits, sleep patterns, or your moods.
  
4. Are any medications being given or taken on a regular basis? If so, please list.
  
5. Have you been having trouble in school or with friends or family?
  
6. Since your last visit have you been using cigarettes, nicotine, alcohol, or drugs? If so, please specify.
  
7. Are you now regularly participating in sexual activities?

(Over)

8. Would you like more information on venereal diseases and/or birth control?
9. Do you have any general questions concerning growth or the maturation of your body?
10. How would you describe your relationship with your parents? Is there one parent you feel you can go to with a problem or freely discuss your feelings?
11. Describe a typical day in your life — school attended, hours, grade, marks, after school activities, friends, dating, etc.
12. Other comments.

