

# Cornerstone Well Child Form – 10-19 Years, Female

Name: \_\_\_\_\_

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

Parents, please take a few minutes to answer the following questions ...

## Nutrition

### Calcium Intake

- Cow's milk                       \_\_\_\_\_ Milk                       Cheese                       Calcium supplement  
 Soy milk                       Fortified juice                       Yogurt

### Total servings of calcium daily

- None                       1                       2                       3                       4 or more

### Other Food/Drink

- 3 meals/day                       Sufficient Fruit                       Drinks Juice \_\_\_\_\_ oz/day  
 1-2 healthy snacks                       Sufficient Protein                       Drinks Soda  
 Vegetarian Diet                       Sufficient Vegetables                       Too much junk food

### Dietary Supplements

- None                       Yes: \_\_\_\_\_

## Menstrual History

Age @ onset \_\_\_\_\_

LMP \_\_\_\_\_

- Not applicable  
 Regular cycle intervals                       Interval stable  
Frequency \_\_\_\_\_ days                       Interval decreased  
 Irregular cycle intervals                       Interval increased  
 Normal duration                       Normal quantity  
Abnormal \_\_\_\_\_ days                       Excessive bleeding

## Menstrual Problems

- Painful periods  
\_\_\_\_\_ Pads/24 hour                      \_\_\_\_\_ Tampons/24 hour

## Activity Levels

### Physical Activity

- >5 times per week                       >60 minutes/day  
\_\_\_\_\_ Time(s)/week                      \_\_\_\_\_ Min(s)/day                       None

### Screen Time

\_\_\_\_\_ Hrs/day - TV                      \_\_\_\_\_ Hrs/day - Computer                      \_\_\_\_\_ Hrs/day - video games

## School

- Public school                       Private school                       Home school                       Cyber school  
 High school graduate                       GED                       Dropout

Performance                       Excellent                       Good                       Fair                       Poor

Special Education needs: \_\_\_\_\_

## Risk Assessment

### Sex

- Not sexually active                       Sexually active

### Drugs

- No drugs or alcohol                       Drug or alcohol use

### Safety

- Violence @ home  
 Does not use seatbelt  
 Impaired/distracted driving  
 Abusive relationships

### Mental Health

- Poor coping mechanisms  
 Lacks self confidence  
 Has problems with sleep  
 Body image concerns

## For Office Use Only

Weight: \_\_\_\_\_

Pulse: \_\_\_\_\_

BP: \_\_\_\_\_

Length: \_\_\_\_\_

Temp: \_\_\_\_\_

Hearing: \_\_\_\_\_

Vision: Both 20/\_\_\_\_ Right 20/\_\_\_\_

Left 20/\_\_\_\_

Glasses/Contacts