

Cornerstone Well Child Form – 10-19 Years, Male

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: _____

Activity Levels

Physical Activity

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

Screen Time

- Limits on screen time No screen time

_____ Hrs/day - TV _____ Hrs/day - Computer _____ Hrs/day - video games

School

- _____ Grade level Grades worse this year
 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 Mental Health Poor coping mechanisms
 Does not use seatbelt Lacks self confidence
 Impaired/distracted driving Has problems with sleep
 Abusive relationships Body image concerns

For Office Use Only

Weight: _____ Pulse: _____ BP: _____

Length: _____ Temp: _____ Hearing: _____

Vision: Both 20/____ Right 20/____ Left 20/____ Glasses/Contacts