



PREVENTIVE HEALTH QUESTIONNAIRE AGE 11 TO 24 YEARS

NAME: _____

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