



**PARENT QUESTIONNAIRE (ALL NEW PATIENTS AND ESTABLISHED PATIENT ANNUAL PHYSICALS)**

Today's Date: \_\_\_/\_\_\_/\_\_\_

Full Name of Patient: \_\_\_\_\_ (Nickname \_\_\_\_\_) Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name of person completing form: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

- IF NEW PATIENT Purpose of appointment is to  establish ongoing primary care  consult about a problem  both
- How did you hear about us?  Physician \_\_\_\_\_  GTW patient  Friend  Speaking event
- Insurance  Internet  Other \_\_\_\_\_

**Most important concerns for *this visit*:**

**Please explain (if applies)**

- Annual physical exam (no concerns)  
School or camp forms needed?  yes  no  not sure
- Physical symptoms \_\_\_\_\_
- Nutrition or body image \_\_\_\_\_
- Social/emotional/mood concerns \_\_\_\_\_
- Risk behaviors or safety \_\_\_\_\_
- Sexuality/Gynecology \_\_\_\_\_

**UPDATE** Major changes in your daughter's health or life that we need to know about? \_\_\_\_\_

What about her makes you proud? \_\_\_\_\_

What seems to be the greatest challenge for her? \_\_\_\_\_

**Anything else you would like us to know?**