Girls to Women HEALTH AND WELLNESS

Young Men's HEALTH AND WELLNESS

PARENT PERSPECTIVES (if parent present for appt)

PATIENT Legal Name: _____ DOB: ___/___/___ Today's Date: ___/___/___

Completed by: _____ Relationship to patient: _____

What about your child makes you proud?

What are your child's greatest challenges?

CONCERNS/CHANGES: Comment on how your child is functioning. If concerns, describe/comment (including, if applies, what's better, what's worse, etc.) and use the chart below as appropriate (use back of page if needed).

ASSESSMENT OF FUNCTION **Please comment on any concerns**		**Doing Well / No concerns**	**Minor Concerns**	**Significant Concerns**	**Describe (if applies)**
Self-Care	☐ bathing/dressing ☐ general hygiene	☐	☐	☐	
Sleep	☐ falling asleep ☐ staying asleep ☐ sleep habits	☐	☐	☐	
School/ Work	☐ attention ☐ motivation ☐ performance ☐ attendance ☐ learning differences	☐	☐	☐	
Relationships outside the home	☐ friends ☐ romantic partner ☐ teachers ☐ co-workers ☐ others	☐	☐	☐	
Family Relationships	☐ parents ☐ siblings ☐ other family	☐	☐	☐	
Nutrition/ Body Image	☐ nutrition quality ☐ appetite ☐ weight ☐ body image ☐ exercise	☐	☐	☐	
Sexual Health	☐ puberty ☐ masturbation ☐ infection ☐ sexual behavior ☐ birth control ☐ sexual orientation ☐ gender identity ☐ pregnancy	☐	☐	☐	
Anxiety	☐ stress ☐ excessive worry ☐ panic attacks ☐ obsessive-compulsive behaviors	☐	☐	☐	
Moods	☐ sadness ☐ hopelessness ☐ loss of interest in usual activities ☐ irritability ☐ anger ☐ mania ☐ self-harm ☐ suicidality	☐	☐	☐	
Risks/Behaviors	☐ worrisome social media/technology use ☐ problematic gaming ☐ pornography ☐ vape/tobacco ☐ alcohol ☐ marijuana ☐ other drugs ☐ discipline/legal trouble	☐	☐	☐	

Challenges / stressors (please explain)

- ❒ chronic illness
- ❒ school change
- ❒ recent move
- ❒ change in living situation
- ❒ other:
- ❒ parental travel
- ❒ parental job loss
- ❒ parental conflict
- ❒ parental divorce
- ❒ family illness
- ❒ family financial issues
- ❒ family legal issues
- ❒ family alcohol/drug abuse
- ❒ food availability
- ❒ death in family
- ❒ death of friend
- ❒ abuse/trauma

Overall Assessment of Functioning: _____% (out of 100) (compared to "normal, healthy life" functioning)