

YOUR HEALTH IS YOUR POWER

The healthcare provider you'll see will check several areas. These include your height, weight, blood pressure, and taking a look at your eyes, ears, nose, and throat. He or she will also examine your chest, back, stomach, and arms and legs. They may ask some questions about other things, including diet and exercise, safety, substance use, and how you're feeling. It all adds up to give a good picture of your overall health, because your health is your power!

Taking care of you is your healthcare team's most important job! To get ready for your visit, the information on this sheet will let you know what to expect when you're with the healthcare provider. There are also some questions, and these are meant to help you think about how you're feeling physically and mentally, and to highlight any areas you might want to talk about. You don't have to bring this sheet to your visit (unless you think it's helpful). Anything discussed during your visit is private and isn't shared unless your healthcare provider is worried you or someone else may need help or be at risk of harm.



Do you have any questions or concerns you need to share with your healthcare provider?

Any symptoms or pain?

What kind of exercise do you get? How often?

	YES	NO
• Cigarettes/cigars, chewing tobacco, alcohol	<input type="checkbox"/>	<input type="checkbox"/>
• Marijuana	<input type="checkbox"/>	<input type="checkbox"/>
• Drugs like heroin or crack	<input type="checkbox"/>	<input type="checkbox"/>
• Prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>
• Household substances you inhale (like cleaners, glue or paint)	<input type="checkbox"/>	<input type="checkbox"/>
• Hookah/vaping	<input type="checkbox"/>	<input type="checkbox"/>

Do you feel safe at: home, school, neighborhood, online? YES NO

Are there guns in your home? YES NO

If yes, are they locked? YES NO

Recently have you felt:	YES	NO
• Angry	<input type="checkbox"/>	<input type="checkbox"/>
• Anxious	<input type="checkbox"/>	<input type="checkbox"/>
• Sad or depressed	<input type="checkbox"/>	<input type="checkbox"/>

Do you ever have thoughts about hurting yourself or others? YES NO

Do you ever have thoughts about suicide? YES NO

SEXUAL HEALTH AND RELATIONSHIPS

Sexual health is an important part of your overall health. Your provider will briefly examine your genitals (“junk”) to make sure they are developing normally, and will give you some tips on taking care of yourself. It’s natural to feel a little uncomfortable but you can relax! This is a normal part of the exam.



**Your life. Your health. Your responsibility.
Your health is your power.**

Have you ever had sex of any type?

- Vaginal
- Anal
- Oral

YES NO

Do you feel mistreated in any of your relationship(s)?

YES NO

Do you feel safe?

YES NO

Are your partners:

- Male
- Female
- Both

How often do you use condoms?

- Always
- Sometimes
- Never

Have you ever been tested for sexually transmitted infections (STI)?

YES NO

Have you ever been concerned you might have an STI?

YES NO

Have you had any issues with getting or sustaining an erection?

YES NO

Do you have any concerns about your genitals (penis and testicles), such as discharge?

YES NO

Consent is important! Before kissing someone, touching them sexually or having sex it’s important to talk with them first to make sure it’s okay. No one should be pressured to do something or made to feel guilty when they say no, and that includes you. If you’ve ever felt pressured or forced to do something, ask your healthcare provider for help.

Do you have any questions about your gender or sexual orientation?

YES NO

Have you ever been teased or mistreated because of your gender or sexual orientation?

YES NO

Vaccines are an important way to protect your health. Your doctor will recommend vaccines for you depending on your age, health conditions, and the vaccines you’ve already had. Some of the vaccines you might be familiar with include flu, tetanus, polio, measles, mumps, and chickenpox. You might talk about other vaccines today too, including human papillomavirus (HPV), a vaccine recommended for all males your age.

This sheet can be printed and discussed with your healthcare provider. If you don’t have an appointment with a provider but feel concerned about something, reach out to someone you trust, your parents, a teacher or an adult who can help.