HELP FOR YOUR NEXT HEALTHCARE PROVIDER VISIT

Thinking about

15 - YOUNG ADULT

Good Health

The healthcare provider you'll see today will check several areas. This includes 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 below about other things, including diet and exercise, safety, substance use, and how you're feeling emotionally and in your relationships. It all adds up to give a good picture of your overall health, both mentally and physically.

Taking care of <u>you</u> 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 doctor or nurse. 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 doctor or nurse is worried about you or someone else.

Speak up! This exam is all about you. If you don't understand something they tell you or are doing, ask them to explain. Any question you ask is a good one!

Questions

Do you have any questions or concerns you need to share with your healthcare provider (for example, your period)?

How well do you sleep? How many hours do you sleep each night?

Anything hurt or feel bad?

What kind of excercise do you get? How often do you exercise?

Have you ever used

YES NO NOT SURE

- Cigarettes or alcohol
- Marijuana
- Ritalin or other drugs
- Household substances you inhale
- Hookah/vaping
- Pills that are not prescribed for you

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

Do you wear seatbelts in the car? YES NO
Do you wear helmets when biking/skateboarding (or other wheels)? YES NO

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Recently have you felt: • Angry • Anxious • Sad or Depressed	YES NO	Have you ever bullied others? YES NO Has anyone ever bullied you? YES NO
How are things going with your friends?		Do you ever have thoughts about hurting yourself or others? YES NO
Sexual Health & Related	tionships	Have you ever traded sex for drugs, money, or shelter? YES NO
Sexual health is an important part of your overall health. t's natural to feel a little uncomfortable but don't worry, this is a normal part of the visit.		Have you ever been tested for sexually transmitted infections? YES NO Has anyone ever touched you innappropriately? YES NO
Have you ever had sex of any type? Vaginal Anal Oral If yes, how often do you & your partner use condoms? Always Sometimes Never How often do you use other birth control? Always Sometimes Never		
		Do you have any concerns about your genitals?
Do you want to talk about birth control? Yes No		Do you have any concerns about your relationships?
Have you or your partner ever been pregnant? Yes No		
How do you identify? Straight Gay Lesbian Transgender Queer		Are you attracted to: Males Females Both
		Vaccines are an important way to protect your



health. Your doctor will recommend a shot for you depending on your age, your health condition, and the shots you've already had. Some of the shots you might be familiar with such as shots for the flu, tetanus, polio, measles, mumps, and chickenpox. Other shots you may talk about today include Human Papillomavirus (HPV), a shot recommended to prevent cancer for all girls and boys your age. Ask your doctor or nurse if you have questions.



