

## 7th and 8th grade year check

Child's Name \_\_\_\_\_

*Please have your child give a urine sample. Cups are in the bathroom.*

(please circle all that apply)

Age of child \_\_\_\_\_ Grade child is in \_\_\_\_\_ Name of school \_\_\_\_\_

My child has problems in the following area(s) at school:

academics (grades)      social (friends)      behavioral (teachers)

no issues - things are great

My child is involved in the following sports/music/arts/dance/activities:

\_\_\_\_\_

My child and I disagree over his/her diet:

never              sometimes              daily

My child uses the following medications: \_\_\_\_\_

My child has issues with:

sleep      constipation      friends

My child is dating:

yes              no

My child has seen the dentist:

within the last year              not lately

My child rides in:

seatbelt      only the back seat      the front seat

My child has seen the following specialists since our last visit: \_\_\_\_\_

My child's behavior problems are:

minimal              OK with time-out and limit setting      a problem

We have limits for "screen" use and time (including cell phones)

yes              no

I think our family's stress level right now:

is low              is pretty average              is high

The insurance I have is through:

work              the state              health care exchange

Are there any recent or upcoming changes for the family (moves, births, etc.)?

yes              no

Do you have any questions or concerns (if yes, please list on the back)