

160 ROBBINS ST.
WATERBURY, CT 06708
PHONE: (203) 755-2999



ONE POMPERAUG OFFICE PK.
SOUTHBURY, CT 06488
FAX: (203) 755-6782

Information Update For Patients 18 Years of Age And Older

PRIMARY PHYSICIAN: _____

DATE: _____

PATIENT'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

STATE: _____ ZIP CODE: _____

EMAIL: _____

RACE:

- ☐ WHITE OR CAUCASIAN
☐ BLACK OR AFRICAN AMERICAN
☐ HISPANIC OR LATINO
☐ PATIENT DECLINED TO PROVIDE INFORMATION
- ☐ ASIAN
☐ AMERICAN INDIAN OR ALASKA NATIVE
☐ OTHER

MOTHER INFORMATION:

NAME: _____

ADDRESS: _____

STATE: _____ ZIP CODE: _____

EMPLOYER: _____ OCCUPATION: _____

FATHER INFORMATION:

NAME: _____

ADDRESS: _____

STATE: _____ ZIP CODE: _____

EMPLOYER: _____ OCCUPATION: _____

EMERGENCY CONTACT INFORMATION



Children's Medical Group, P.C.

TEEN

DO NOT COPY FOR

1. In the past 2 weeks, how often have you had **LITTLE or NO** interest or pleasure in doing things?
2. In the past 2 weeks, how often have you felt down, depressed or hopeless?
3. In general, are you happy with the way things are going for you?
4. Do you get along with your family?
5. Do you have at least one adult you can really talk to?
6. Do you wear a seat belt in a car/truck?
7. Do you wear a helmet when you skateboard, bike, motorcycle, snowmobile or ATV?
8. Do you feel you are about the right weight for your height?
9. Do you get some exercise at least 3 times a week?
10. Do you go to school regularly?
11. Have your grades gotten worse than they used to be?
12. Do you ever use laxatives or throw up on purpose after eating?
13. Do you smoke cigarettes (including E cigarettes) or chew tobacco?
14. Do you, or anyone you live with, have a gun or carry a gun around?
15. Are you, or have you been, in a gang?

Do you have enough food to eat?
(men or both)?

Have you ever been diagnosed with a sexually transmitted disease?
(are you gay, lesbian, bisexual or transgender?)

Have you ever hurt yourself or made a plan to kill yourself?
(more than 2 weeks or felt you had nothing to live for?)

Did you ever have sex that you did not want?

What made you feel uncomfortable?

Did you ever hurt yourself or others when you were angry?

Has anyone ever told you that you were "high" or using drugs/alcohol?

Have you ever used cocaine, heroin, acid, speed, etc.)?

Have you ever used any alcohol (more than a few sips)?

Have you ever smoked any marijuana or hashish?

Have you ever used anything else to get high?

THE LAST 3 QUESTIONS, PLEASE ANSWER THE FOLLOWING:

Do you feel better about yourself, or fit in?

Are you by yourself, or ALONE?

Are you using alcohol or drugs?

Do you think you should cut down on your drinking or drug use?

While you were using alcohol or drugs?



Northeast Cincinnati
Pediatric Associates, Inc.

Landen Office
8185 Corporate Way
Mason, OH 45040
513-398-7171

Blue Ash Office
11238 Cornell Park Dr.
Cincinnati, OH 45242
513-530-0200

Lebanon Office
986 Belvedere Dr.
Lebanon, OH 45036
513-934-1200

PERMISSION TO RETURN TO SCHOOL/WORK

Name: _____

Has been under my care for the treatment of: _____

From: _____ To: _____

And may return to school/work on: _____
(date)

Remarks: _____

Provider's Signature: _____

Address: _____

Phone: _____

Date: _____

POS Reorder # 0913082

Has anyone ever told you that you were "high" or using drugs/alcohol?	YES	Sometimes	NO	
Have you ever used cocaine, heroin, acid, speed, etc.)?	YES	Sometimes	NO	
Have you ever used any alcohol (more than a few sips)?	YES	Sometimes	NO	
Have you ever smoked any marijuana or hashish?	YES	Sometimes	NO	
Have you ever used anything else to get high?	YES	Sometimes	NO	
THE LAST 3 QUESTIONS, PLEASE ANSWER THE FOLLOWING:				
Do you feel better about yourself, or fit in?	YES	Sometimes	NO	
Are you by yourself, or ALONE?	YES	Sometimes	NO	
Are you using alcohol or drugs?	YES	Sometimes	NO	
Do you think you should cut down on your drinking or drug use?	YES	Sometimes	NO	
While you were using alcohol or drugs?	YES	Sometimes	NO	

Date: _____

POS Reorder # 1420042

POS Reorder # 0810331