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| Teen’s  Wellness  11-18 years of age  **How to use this resource:**  This document is intended to help you prepare for your Teen’s Wellness Visit. Using this tool, you can write down questions you have for your care team, think about your health priorities, and, together with your care team, set goals for your health.  QUESTIONS FOR MY CARE TEAM  Use this space to write down any questions you want to ask at your visit.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PREPARING FOR YOUR VISIT  ────  Write down questions you want to ask your care team.  ────  Read this document, mark your priorities and interests.  ────  Think about your health goals.  ────  Create a plan with your care team.  CLINIC NAME  [insert logo if desired]  Street Address City, ST ZIP Code  Telephone  Web Address |

HEALTH GOALS

This Teen’s Health Wellness Resource is designed to help teens stay healthy and to help them get the most out of this visit. A wellness visit includes a physical exam, a talk about habits, and ideas for staying healthy and preventing illness. For teens, it is recommended to schedule a wellness visit each year.

A big part of staying healthy is making personal goals for good health.

*Example:* *I will ride my bike non-stop for 30 minutes, 5 days a week.*

My goals are:

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How confident, on a scale of 1 to 10

(1 being not at all likely and 10 being extremely likely), are you that you will accomplish these goals?

*(Circle one.)*

1 2 3 4 5 6 7 8 9 10

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WHAT MIGHT BE DISCUSSED AT THE TEEN’S WELLNESS VISIT?

Use the list in this section to note what is most important to you to discuss with your care team.

Disease Prevention:

* Healthy eating and nutrition
* Physical activity (exercise)
* Immunizations – which shots you need

Sexual Health:

* Sexual concerns and sexual health
* Sexually Transmitted Diseases and Infections (STDs/STIs)
* Human Papillomavirus (HPV) Immunization (cervical cancer prevention)
* Birth control
* Hormone changes

Oral (Mouth) Health:

* The importance of daily brushing, flossing, and good nutrition

Behavioral Health:

* Feeling down, sadness, depression, loneliness, anxiety, nervousness, and/or anger
* Changes in mood
* Stress, feeling overwhelmed
* Sleep, too little or not enough
* Thoughts of hurting yourself or others

Substance Use:

* Alcohol, tobacco, prescription, and/or non-prescription medication use, other drug use
* The impact of the use of different substances on your health

Injury Prevention:

* Safety during sports
* Safety with vehicles

Social Factors:

* How things are going at home
* How things are going at school
* The relationships in your life

Other Health Factors:

* Other things that might be affecting your health and wellbeing:

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