



NORTH SCOTTSDALE PEDIATRICS

At North Scottsdale Pediatrics, we are here to provide the best and most comprehensive care to your teenager which includes assessing your teen's overall well-being. Your provider would like your teen to fill out a *confidential questionnaire*, as recommended by the American Academy of Pediatrics, to determine if your child may be struggling in the following areas:

- Diet and exercise
- Sexuality/sexual behavior
- Safety and driving
- Smoking and illicit drug use
- Dating and relationships
- Peer pressure
- Bullying
- Depression/Anxiety

Your provider asks that your son/daughter fill this questionnaire out *privately*, ensuring that they answer honestly without fear of judgment or parental repercussions. By keeping their answers confidential, your provider will be able to better understand the challenges your child may be facing, that you may be unaware of at this time. We believe that building trust and respecting privacy is a vital part of teens' overall care. At the age of 13, we make private time available during the exam for the provider to go over this questionnaire with the teen. We will encourage your child to share their problems with you, while respecting and maintaining their privacy.

As mandated reporters, we will let parents know if there is a *safety concern* with any of the information your child shares via the Teen Screen. A safety concern includes any issue pertaining to abuse/neglect or suicidal or homicidal thoughts or behaviors.

We value your trust in our providers and look forward to working with your teen. Please do not hesitate to speak with your teen's provider if you have any concerns about your teen's physical, mental or behavioral health. If there is anything specific you would like us to address today with your teen during their visit, please tell us at the bottom of this page.

****Please note that there may be a charge for this screening applied to your deductible by your insurance carrier****

Patient Name: _____

Parent/Legal Guardian

Signature: _____

Date: _____