

## Supplemental Adolescent Intake Form (13-18 yoa)

### Female Reproductive

At what age did your period begin? \_\_\_\_\_

What is the average number of days that your period lasts? \_\_\_\_\_

Do you bleed between periods? Y N

Are your cycles regular? Y N

How many tampons or pads do you use per day? \_\_\_\_\_

Have you ever noticed any clots during your period? Y N

If yes, what is the size of the clot? \_\_\_\_\_

Do you experience any of the following premenstrual syndromes?

Bloating: Y N

Breast tenderness: Y N

Mood changes: Y N

Cravings: Y N

Cramps: Y N

Skin changes: Y N

When was your last menstrual period? \_\_\_\_\_

Do you have any vaginal discharge? Y N

Do you experience vaginal itching? Y N

When was your last PAP (date)? \_\_\_\_\_

Are you sexually active? Y N

Are you on birth control? Y N

What type? \_\_\_\_\_

How many times have you been pregnant? \_\_\_\_\_

Have you ever has a miscarriage? Y N

Have you ever had an abortion? Y N

Do you experience pain during intercourse? Y N

Have you ever had a sexually transmitted disease? Y N

What is your sexual preference? Heterosexual, bisexual, homosexual

At what age did you notice breast development? \_\_\_\_\_

Do you have breast lumps? Y N

Do you experience breast pain or tenderness? Y N

Have you ever noticed nipple discharge? Y N

### Male Reproductive

At what age did you notice testicular and penile growth? \_\_\_\_\_

Have you ever had a hernia? Y N

Have you ever noticed any testicular masses? Y N

Have you experienced testicular pain? Y N

Are you sexually active? Y N

Have you ever had a sexually transmitted disease? Y N

Have you ever noticed any penile discharge? Y N

What is your sexual preference? Heterosexual, bisexual, homosexual