

NORTHWEST PEDIATRICS, INC.

CONFIDENTIALITY STATEMENT

**Patient Information for Pediatric Visits
12 to 18 year old Adolescents**

Because we respect you as an adult, we would like to offer you time to discuss issues with your doctor without your parent's being present. We promise your confidentiality. Only if we are concerned that you are going to hurt yourself or someone else, will matters be discussed with your parents. We always encourage you to discuss most issues openly with your family and hope to help you think of ways to do this.

During teen years your value system may no longer be the same as that of your family. You may be experiencing with behaviors that place your health at risk. Please help us to help you by honestly answering the following questions:

1. Do you now, or have you in the past, smoked cigarettes, cigars, pipes or chewed tobacco?
Yes No
2. Do you now, or have you in the past, used any illegal drugs (including marijuana)?
Yes No
3. Do you sniff anything to get high?
Yes No
4. Do you drink alcohol?
Yes No
5. Are you having sex now, or have you in the past had sex with anyone?
Yes No / Female Male Both
6. If so, was this with your consent (something you wanted to do)?
Yes No
7. Are you using any kind of birth control (condoms, etc.)?
Yes No
8. Do you feel depressed, sad or anxious?
Yes No
9. Is anyone harming you?
Yes No
10. Do you have any issue you would like to discuss confidentially with your doctor?
Yes No

Your Signature

Date: _____

Pt Name: _____ DOB: ____/____/____ Acct.#_____