Adolescent Questionnaire
PARENT CONSENT

Parent Information for Pediatric Visits for 12 – 18 year-old adolescents

As children and adolescents mature and become more independent, both psychologically and socially, their physical health may be jeopardized. Risk-taking behaviors are increasingly observed in this age group. There may be some things adolescent patients are more comfortable with discussing outside the presence of their parent/legal guardian, and having complete information helps health care providers ensure the best treatment outcomes for patients.

We plan to discuss physical, psychological, social, and other issues with your adolescent and offer nonjudgmental support and advice. To ensure open communication as necessary for complete medical care, we ask that parents/legal guardians provide this opportunity for adolescents to communicate confidentially with their provider.

We will maintain the confidentiality of information in accordance with privacy laws. To encourage open communication, discretion is promised to adolescent patients as part of our working relationship. Some areas addressed are afforded additional protection by state law and require the consent of the minor prior to being disclosed to parents/legal guardians. We do encourage adolescent patients to discuss issues openly with their families as well. In all instances, we will inform you if your adolescent poses a serious risk to himself/herself or to others.

Your feedback on these topics is important to us as well. Please advise us of any specific concerns that you have regarding risk-taking behaviors or the emotional health of your adolescent. You can view the topics and questions for discussion here: https://www.pedialliance.com/sites/default/files/patient-forms/2023AdolescentQuestionnairePatient.pdf

Please sign below to confirm your understanding of the information above. By signing below, you consent to Pediatric Health Care Alliance, P.A. providers discussing information directly with your adolescent and confirm your understanding that information captured during this discussion will become part of the medical record. Such information will be subject to record production laws, which may result in disclosure of the information to outside health care providers or other third parties permitted access under applicable law.

Your Signature: _____ Date: _____

Adolescent's Name: _____

Your relationship to adolescent: _____