



# Affinity Health Plan

*Dedicated to Excellence*

---

## Adolescent Screening/Counseling

- |   |   |
|---|---|
| <input type="checkbox"/> BMI% _____                   | <input type="checkbox"/> Tobacco          |
| <input type="checkbox"/> Diet                         | <input type="checkbox"/> ETOH/Drugs       |
| <input type="checkbox"/> Exercise                     | <input type="checkbox"/> Sexual Practices |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Depressive Symptoms                       |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Relationship Violence                     |