

# Twelve-Fourteen Year Visit

## SUGGESTIONS FOR 12-14 YEAR OLDS

As you enter the teenage years, there are many ways in which your body and life are changing. As your health care providers, we realize this and want to help keep you healthy. We want to help with any problems that may come up. We feel it is important for us to help you assume responsibility for your own body and health as you grow through the teen years into adulthood. Since you are the one responsible for your health, we will spend much of the visit talking to you in private. This is time when you can ask questions and we can give you information about your health. Adolescence is a time when some teenagers experiment with activities that may be dangerous or risky. We will take time to discuss such issues as smoking, drinking, drug use, and sexual activity. You should consider us a source for information on these topics as you make decisions about your health. It is important for you to know that we will keep what you tell us private. However, if a problem is dangerous to you, we may- for your safety- need to share it with your parents, but would always discuss this with you first.

## SUGGESTIONS TO DEVELOP GOOD HEALTH HABITS

1. Eat a balanced diet. Avoid frequent “junk food”. Maintain a healthy weight. (Talk to us if you think you are over-or under-weight.)
2. Engage in regular physical activity, such as walking, running, swimming, bike riding, and other sports.
3. Get sufficient sleep.
4. Take care of your teeth. Brush and floss regularly.
5. Always wear a helmet when riding a bicycle.
6. Wear a seat belt when riding in a car.
7. Don't be talked into dangerous activities by your friends.
8. Avoid the use of drugs, alcohol, tobacco and vaping.
9. Ask us about advice for the treatment of acne.
10. Know your body. Ask your parents or us about changes or concerns you might have.
11. Get the most out of school that you can. Seek help if you feel you're not keeping up or having problems.
12. Make sure to have fun. Participate in extra-curricular activities, sports, hobbies, activities with friends, etc.
13. Spend time with your family. Talk and do things together.
14. Avoid confrontation or violence with friends or acquaintances. Ask for help in resolving conflicts in a peaceful way.

## SUGGESTIONS FOR PARENTS OF 12-14 YEAR OLDS

As your child enters adolescence, just as in earlier stages of life, there are many physical and developmental changes. These changes can be the source of much joy, as well as providing many challenges. As parents and health care providers, we try to adapt our interactions with teenagers to their physical and developmental changes. One of the ways we acknowledge these changes is to provide a major portion of the visit to talk privately with your child. Among the things we will discuss are changes and developing the responsibility for their own health. We will also spend some time talking about the serious health consequences of smoking, drinking, drug use and premature sexual activity. Additionally, we will discuss how the teenager is doing in developing healthy school, home, and peer relationships and experiences. As we talk privately and confidentiality about special concerns, it is important that your child knows that will uphold his or her confidence

Both you and your child should know that we will advise parents of any behavior or situation that may be dangerous or life-threatening. Of course, we will also provide time for us all to sit down together and discuss any areas of concern.

## **SOME HEALTH ISSUES**

1. Immunizations recommended during the early adolescent years include a Tetanus-Diphtheria-Pertussis Booster (Tdap) and Meningococcal Vaccine. These should be administered to older adolescents who have not previously received these vaccines.
2. The series of Human Papilloma Virus (HPV) vaccine is recommended for adolescent girls and boys to prevent genital warts, cervical cancer and head and neck cancers.

## **SOME ADVICE FOR PARENTS OF YOUNG TEENS**

1. Spend time with your adolescent. Now is the time you can really begin cultivating a relationship as an adult friend. The more relaxed and comfortable conversations you are able to have, the better the lines of communication will be when problems or disagreements occur.
2. Establish fair rules to be followed at home. Discuss these rules with your child. Build responsibility by assigning chores. Consider an allowance.
3. Young teenagers need to have supervision arranged when you are away from home.
4. Follow your child's progress in school. Take an active and encouraging role. Talk to us if there seem to be academic or behavioral problems at school.
5. Honor your teenager's need to make independent choices appropriate for his or her age (e.g. leisure time, activities, clothes, etc.).
6. Praise and encourage the adolescent's activities at home and outside the home. Attend events in which your child is a participant. Contribute to self-esteem. Show affection. Respect privacy.
7. Continue to play an important role in your child's sex education. Ask us about resources that may be helpful.
8. Do not keep firearms in your home. Firearm related deaths by suicide, homicide, or accident occur tragically too often for teenagers.
9. Limit the "screen time" to 1-2 hours maximum per day. Do not watch too much television or spend too much time with the computer, tablet or video games. Parents should monitor activity on these devices.

# Rx for Healthy Active Living

Name \_\_\_\_\_ Date \_\_\_\_\_

## Ideas for Living a Healthy Active Life

- 5** Eat at least 5 fruits and vegetables every day.
- 2** Limit screen time (for example, TV, video games, computer) to 2 hours or less per day.
- 1** Get 1 hour or more of physical activity every day.
- 0** Drink fewer sugar-sweetened drinks. Try water and low-fat milk instead.

## My Goals (choose one you would like to work on first)

- |   |  |
|---|--|
| <input type="checkbox"/> Eat _____ fruits and vegetables each day.    | <input type="checkbox"/> Get _____ minutes of physical activity each day.  |
| <input type="checkbox"/> Reduce screen time to _____ minutes per day. | <input type="checkbox"/> Reduce number of sugared drinks to _____ per day. |

\_\_\_\_\_  
Patient or Parent/Guardian signature

\_\_\_\_\_  
Doctor signature

### From Your Doctor

Pediatric & Adolescent Care of Silver Spring, P.A.  
12501 Prosperity Drive, Suite 100  
Silver Spring, MD 20904  
(301) 681-6730

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