

## Children's Health History

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail or parents email: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Grade: \_\_\_\_\_

Why did you come for this health history? \_\_\_\_\_

Do you enjoy school? Please explain: \_\_\_\_\_

Do you have a large or small group of friends? \_\_\_\_\_

Who is your best friend? \_\_\_\_\_

What do you do for fun? \_\_\_\_\_

What is your favorite sport or activity? \_\_\_\_\_

What are fun things you do with family? \_\_\_\_\_

What are your favorite things to do when you are alone? \_\_\_\_\_

What chores you do around the house? \_\_\_\_\_

When is bedtime? \_\_\_\_\_ When do you wake up? \_\_\_\_\_

Do you ever wake up at night? \_\_\_\_\_ Do you ever have nightmares? \_\_\_\_\_

Do you get bellyaches? \_\_\_\_\_ Do you get headaches or earaches? \_\_\_\_\_

Is it hard to see or read? \_\_\_\_\_ Do you get itchy? \_\_\_\_\_

Birth control history: \_\_\_\_\_

Do you experience yeast infections or urinary tract infections? Please explain: \_\_\_\_\_

Constipation/Diarrhea/Gas? Please explain: \_\_\_\_\_

Allergies or sensitivities? Please explain: \_\_\_\_\_

Do you take any supplements or medications? Please list: \_\_\_\_\_

Any healers, helpers or therapies with which you are involved? Please list: \_\_\_\_\_

What role does sports and exercise play in your life? \_\_\_\_\_

What foods did you eat often as a child?

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What's your food like these days?

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Will family and/or friends be supportive of your desire to make food and/or lifestyle changes? \_\_\_\_\_

What percentage of your food is home cooked? \_\_\_\_\_ Do you cook? \_\_\_\_\_

Where do you get the rest from? \_\_\_\_\_

Do you crave sugar, coffee, cigarettes, or have any major addictions? \_\_\_\_\_

The most important thing I should change about my diet to improve my health is: \_\_\_\_\_

Anything else you want to share?