

Teen Female Confidential Health History

Please write or print clearly

Name: _____

Address: _____

Email address: _____ How often do you check email? _____

Telephone – Home: _____ Cell: _____

Age: _____ Height: _____ Date of Birth: _____ Place of Birth: _____

Current weight: _____ Weight six months ago: _____ One year ago: _____

Would you like your weight to be different? _____ If so, what? _____

Why did you come for a health history? _____

What is your relationship status? _____

What grade are you in? _____ Do you enjoy school? Please explain: _____

Do you have a large or small group of friends? _____

Please list your main health concerns: _____

Other concerns? _____

Any serious illnesses/hospitalizations/injuries? _____

How is the health of your mother? _____

How is the health of your father? _____

Where do your parents and grandparents come from?

Do you sleep well?

How many hours?

Do you wake up at night?

Why?

Are your periods regular?

How many days is your flow?

How frequent?

Painful or symptomatic?

Please explain:

What is your birth control history?

Yeast infections or urinary tract infections? Please explain:

Are you concerned with body image? Please explain:

Constipation/Diarrhea/Gas? Please explain:

Allergies or sensitivities? Please explain:

Do you take any supplements or medications? Please list:

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

What role does sports, activities and exercise play in your life?

What foods did you eat often as a child?

Breakfast

Lunch

Dinner

Snacks

Liquids

What's your food like these days?

Breakfast

Lunch

Dinner

Snacks

Liquids

<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
-------------------	-------------------	-------------------	-------------------	-------------------

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 enjoy the food? _____

Where do you get the rest from? _____

Do you crave sugar, coffee, cigarettes or drugs? Please explain? _____

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

Anything else you want to share? _____
