

# Teen Male 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?

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What is your ancestry?

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Do you sleep well?

How many hours?

Do you wake up at night?

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Why?

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Do you have digestive issues? Please explain:

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Allergies or sensitivities? Please explain:

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Do you take any supplements or medications? Please list:

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

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

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What foods did you eat often as a child?

Breakfast

Lunch

Dinner

Snacks

Liquids

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What's your food like these days?

Breakfast

Lunch

Dinner

Snacks

Liquids

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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? \_\_\_\_\_

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