

Female Teen 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/was the health of your mother? _____

How is/was 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: _____

Do you have any healers, helpers, therapies, or pets? Please list: _____

What role does exercise, sports, and activities 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 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? _____