

# 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? \_\_\_\_\_

Do you have allergies or sensitivities? \_\_\_\_\_

Does anything else hurt? \_\_\_\_\_

What do you eat for breakfast? \_\_\_\_\_

What do you eat for lunch? \_\_\_\_\_

What do you eat for dinner? \_\_\_\_\_

What do you eat for snacks? \_\_\_\_\_

What do you drink? \_\_\_\_\_

What foods do you wish you could eat more often? \_\_\_\_\_

What food do you wish you never had to eat again? \_\_\_\_\_

What do you want to learn about your body and about food? \_\_\_\_\_

Anything else you want to say?