



Simple. Balanced. Life.

## 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: \_\_\_\_\_

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Anything else you want to share? \_\_\_\_\_