



Female Teen Confidential Health History, Intake, and Evaluation

Please print clearly.

Name: _____ Date: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone Number Home: _____ Cell: _____

Email: _____ Birth date: _____

Birth Place: _____ Age: _____

Height: _____ Current Weight: _____ Weight 6 Months Ago: _____

Would you like your weight to be different? Y / N (circle) If so, what? _____

Relationship Status: _____

Why did you come for a health history?

What grade are you in? _____

Do you enjoy school? Please explain: _____

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

Do you sleep well? _____ How many hours? _____ Do you wake up? _____

Why? _____

Health Concerns and Goals

Please describe your main health concerns and goals. Other concerns and goals?

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/or grandparents come from?

If applicable:

Is your period 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.



Do you take any medicine or supplements? Please list.

Do you experience constipation/diarrhea/gas? Please explain:

Allergies or sensitivities? Please explain:

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

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

What foods did you eat often as a child?

Breakfast	Lunch	Dinner	Snack
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is your food like these days?

Breakfast	Lunch	Dinner	Snack
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Will family and friends be supportive of your desire to make healthy food and lifestyle choices?

What percentage of your food is home-cooked? Do you enjoy the food?

Where do you get the rest from?

Do you crave any foods? Sugar? Caffeine?

The most important thing I could do to improve my health is:

Anything else you would like to share?