



Male 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?

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? Cigarettes? Other?

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



Anything else you would like to share?