Please write or print clearly. All of your information will remain confidential between you and the Health Coach.

PERSONAL INFORMATION

|  |  |
| --- | --- |
| First Name:  |   |

|  |  |
| --- | --- |
| Last Name: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Email: |  | How often do you check email? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: Home: |  | Mobile: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Age: |  | Height: |  | Date of Birth: |  | Place of Birth: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current weight: |  | Weight six months ago: |  | One year ago: |  |

|  |  |
| --- | --- |
| Why did you come for a Health History? |  |

SOCIAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| What grade is your child in? |   | Does your child enjoy school? Please explain: |  |
|  |  |

|  |  |
| --- | --- |
| Does your child have a large or small group of friends? |   |

HEALTH INFORMATION

|  |  |
| --- | --- |
| Please list your main health concerns in relation to your child: |   |
|  |  |

|  |  |
| --- | --- |
| Other concerns? |  |

|  |  |
| --- | --- |
| Any serious illnesses/hospitalizations/injuries? |  |
|  |  |

|  |  |
| --- | --- |
| How is your health? |  |

|  |  |
| --- | --- |
| How is/was the health of your child’s other parent? |  |

|  |  |
| --- | --- |
| Where do your parents and grandparents come from? |  |

HEALTH INFORMATION (continued)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How is your child’s sleep? |  | How many hours? |  | Does he/she wake up at night? |  |

|  |  |
| --- | --- |
| Why? |  |

|  |  |
| --- | --- |
| Constipation/Diarrhea/Gas? Please explain: |  |

|  |  |
| --- | --- |
| Allergies or sensitivities? Please explain: |  |

MEDICAL INFORMATION

|  |  |
| --- | --- |
| Does your child take any supplements or medications? Please list: |  |

|  |  |
| --- | --- |
| Does your child have any healers, helpers, therapies, or pets? Please list:  |  |
|  |  |

|  |  |
| --- | --- |
| What role does exercise, sports, and activities play in your child’s life? |  |
|  |  |

FOOD INFORMATION

|  |
| --- |
| What foods did you eat often as a child?  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Breakfast |  | Lunch |  | Dinner |  | Snacks |  | Liquids |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| What is your food like these days?  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Breakfast |  | Lunch |  | Dinner |  | Snacks |  | Liquids |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Will family and/or friends be supportive of your desire to make food and/or lifestyle changes? |  |

FOOD INFORMATION (continued)

|  |  |  |  |
| --- | --- | --- | --- |
| What percentage of your food is home-cooked? |  | Does your child enjoy the food? |  |

|  |  |
| --- | --- |
| Where do you get the rest? |  |

|  |  |
| --- | --- |
| Does your child crave sugar, caffeine, etc.? Please explain. |  |
|  |  |

|  |  |
| --- | --- |
| The most important thing I should do to improve my child’s health is: |  |
|  |  |

ADDITIONAL INFORMATION

|  |  |
| --- | --- |
| Anything else you would like to share? |  |
|  |  |
|  |  |
|  |  |