

## Children's Health History

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Grade: \_\_\_\_\_

Why are you here? \_\_\_\_\_

Favorite sport? \_\_\_\_\_

Favorite things to do with friends: \_\_\_\_\_

Favorite things to do with family: \_\_\_\_\_

Favorite things to do when alone: \_\_\_\_\_

Bedtime: \_\_\_\_\_ Wake-up time: \_\_\_\_\_

Chores you do around the house: \_\_\_\_\_

Do you ever wake up at night? \_\_\_\_\_ Do you ever feel sick, tired or grumpy? \_\_\_\_\_

Yummy foods I like: \_\_\_\_\_

Yucky foods I don't like: \_\_\_\_\_

What I eat for breakfast: \_\_\_\_\_

What I eat for lunch: \_\_\_\_\_

What I eat for dinner: \_\_\_\_\_

What I eat for snacks: \_\_\_\_\_

What I drink: \_\_\_\_\_

What I want to learn about my body and about food: \_\_\_\_\_