



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: _____