

# MALE TEEN HEALTH HISTORY

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

## PERSONAL

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

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

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ How often do you check your email? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
\_\_\_\_\_

Current Weight: \_\_\_\_\_ Weight Six Months Ago: \_\_\_\_\_ Weight One Year Ago: \_\_\_\_\_  
\_\_\_\_\_

Would you like your weight to be different? \_\_\_\_\_ If so, how? \_\_\_\_\_

Why did you sign up for a Health History? \_\_\_\_\_

## SOCIAL

What is your relationship status? \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ What grade are you in?  
\_\_\_\_\_

Do you enjoy school? Please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have a large or small group of friends? \_\_\_\_\_  
\_\_\_\_\_

## GENERAL HEALTH

What are your main health concerns? \_\_\_\_\_  
\_\_\_\_\_

Any other concerns? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any serious illnesses, hospitalizations, or injuries? \_\_\_\_\_  
\_\_\_\_\_

# MALE TEEN HEALTH HISTORY

---

How is/was your mother's health? \_\_\_\_\_

How is/was your father's health? \_\_\_\_\_

## GENERAL HEALTH (continued)

What is your ancestry? \_\_\_\_\_

How is your sleep? \_\_\_\_\_ How many hours do you sleep per night? \_\_\_\_\_

Do you wake up during the night? If so, why? \_\_\_\_\_

Any constipation, diarrhea, or gas? \_\_\_\_\_

Any allergies or sensitivities? \_\_\_\_\_

## MEDICAL

Are you concerned with body image? If so, please explain: \_\_\_\_\_

Do you take any supplements or medications? \_\_\_\_\_

Are you involved with any healers, helpers, or therapies? \_\_\_\_\_

What role do sports and exercise play in your life? \_\_\_\_\_

## FOOD

What foods did you eat often as a child?

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What foods do you typically eat these days?

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
------------------	--------------	---------------	---------------	----------------

# MALE TEEN HEALTH HISTORY

---

---

---

---

---

---

---

---

---

---

Will your family and friends be supportive of your desire to make food and/or lifestyle changes? \_\_\_\_\_  
\_\_\_\_\_

## **FOOD** (continued)

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

Where does your non-home-cooked food come from? \_\_\_\_\_  
\_\_\_\_\_

Do you crave sugar, coffee, cigarettes, or drugs? Do you have any other major addictions? \_\_\_\_\_  
\_\_\_\_\_

---

What is the most important thing you should change about your diet to improve your health? \_\_\_\_\_  
\_\_\_\_\_

## **ADDITIONAL COMMENTS**

Is there anything else you would like to share? \_\_\_\_\_  
\_\_\_\_\_

---

---

---