



{ One Girl Wellness }

*Raising stronger women one girl at a time | onegirlwellness.com*

## Children's Health History

All information will remain confidential between child, parent and health coach.

### PERSONAL INFORMATION

First Name

Last Name

E-mail or parent's email

Phone:

How would you prefer to be contacted:

What forms of social media do you use?

Email

Facebook

Instagram

Mobile

Twitter

LinkedIn

Text

Pinterest

Google+

Other

Would you be interested in participating in a privacy-protected online forum to discuss issues that are important to you?

Yes

No

Age

Birthdate

Place of Birth

---

202.288.1768 | Washington, DC | susan@onegirlwellness.com |

© Integrative Nutrition

## **PERSONAL INFORMATION (continued)**

Height                      Weight                      Grade

Why did you come for this health history?

---

## **SOCIAL INFORMATION**

Do you enjoy school? Please explain:

Do you have a large or small group of friends?

Who is your best friend?

What do you do for fun?

What is your favorite sport or activity?

What fun things do you do with your family?

What are your favorite things to do when you are alone?

What chores do you do around the house?

---

## HEALTH INFORMATION

When is bedtime?

When do you wake up?

Do you ever wake up at night?

Do you ever have nightmares?

Do you get stomach aches?

Do you get headaches or earaches?

Is it hard to see or read?

Do you get itchy?

---

## MEDICAL INFORMATION

Do you have any allergies or sensitivities?

Does anything else hurt?

---

## FOOD INFORMATION

What do you eat for breakfast?

What do you eat for lunch?

What do you eat for dinner?

What do you eat for snacks?

---

## **FOOD INFORMATION (continued)**

What do you drink?

What foods do you wish you could eat more often?

What food do you wish you never had to eat again?

What do you want to learn about your body and about food?

---

## **ADDITIONAL COMMENTS**

Do you have anything else you would like to share?

---