



Please write or print clearly. All information listed will remain confidential between child, parent and Health Coach.

**PERSONAL INFORMATION**

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

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

Phone: \_\_\_\_\_ Email or parents' email: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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 are fun things you do with 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 bellyaches? \_\_\_\_\_ Do you get headaches or earaches? \_\_\_\_\_  
Is it hard to see or read? \_\_\_\_\_ Do you get itchy? \_\_\_\_\_

**MEDICAL INFORMATION**

Do you have 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? \_\_\_\_\_  
\_\_\_\_\_  
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 INFORMATION**

Do you have anything else you would like to share? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*Please email completed form to [tanatalk@outlook.com](mailto:tanatalk@outlook.com)