

Patient History Form: Ages 12 to 17

Name _____

Please circle if anyone related to your has had...

What concerns do you have about your health?

Asthma Allergies Seizures High Cholesterol
Heart Disease Cancer Depression Diabetes
High Blood Pressure

Please list any medical problems or diseases you have had.

Do other medical problems run in your family?

Please list any hospitalizations, accidents or injuries you have had.

Please circle the following answers.

Do you:

Smoke/chew tobacco Y N Quit (date) _____
Drink caffeine (cof/pop/tea) Y N Amt _____
Drink alcohol Y N Amt _____
Wear seatbelts Y N Sometimes
Wear bike helmet Y N Sometimes
Exercise regularly Y N Sometimes
Wear sunscreen Y N Sometimes

Please list any surgeries you have had.

Average servings per day:

| | | | | | | |
|----------------------------|---|---|---|---|---|---|
| ...eat fruits | 0 | 1 | 2 | 3 | 4 | + |
| ...eat vegetables | 0 | 1 | 2 | 3 | 4 | + |
| ...eat meat, eggs or beans | 0 | 1 | 2 | 3 | 4 | + |
| ...take dairy products | 0 | 1 | 2 | 3 | 4 | + |
| ...eat candy/sweets | 0 | 1 | 2 | 3 | 4 | + |
| ...eat breads/cereals | 0 | 1 | 2 | 3 | 4 | + |

Please write down all the supplements, prescription or over the counter medicines that you take.

Does anyone smoke at home? YES NO
Have you ever had sex? YES NO
Do you want to gain or lose weight? YES NO

Please list the people who live in your home and how they are related to you.

Females Only:

Have you started having periods? YES NO
Do you have any problems with your periods? YES NO

Have you ever had a reaction or allergy to a medicine?

Please CIRCLE any problems in the last 30 days:

| | |
|----------------------|-----------------------|
| Fevers | Vomiting |
| Night Sweats | Change in Stools |
| Blurry Vision | Pain with Urinating |
| Trouble with Hearing | Loss of Urine Control |
| Chest Pain | Rash |
| Cough | Balance problems |
| Difficulty Breathing | Headaches |
| Abdominal Pain | Depression |
| Decreased Appetite | Mood Swings |
| Constipation | Problems with Anger |
| Blood in Stool | Thoughts of Suicide |