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Adolescent Client (12-18 years) Health & Nutrition Information Form

Patient Name _____ Date of Birth _____

Parent Name _____ Parent Email _____

Parent Home Phone _____ Parent Cell Phone _____

Address _____

Reason for requesting nutrition consultation: _____

_____

Referring physician _____

Patient's most recent: Weight _____ Height _____ BMI _____

Any unusual weight gain or weight loss in the last year? ☐ yes ☐ no How much? _____

Weight history: Any issues/concerns with overweight, underweight and/or growth in height during infancy and childhood? Please describe: _____

_____

Sleep: hours per night _____ Any difficulties _____

Were there any life changes around that time? (e.g. illness/death of family member, divorce, move, change in school, etc.) _____

Health History

Current and former health concerns and year of onset and duration (use additional sheet if necessary):

_____

Medications _____

_____

Nutritional Supplements _____

Food allergies/intolerances _____

Patient typical physical activity: What types? (sports, playing outside, active play inside…) _____

_____

How many hours per day and days per week? _____

Patient sedentary activities (TV, Computer time, DVD's, Video games, cell phone games/texting, etc) what and how many hours/day or week? _____

(Health history, continued)

Patient and Family's Eating Habits

Number of people in household/family _____

Typical mealtimes _____

Typical snack times/snacking habits _____

Number of times per week family/household eats together _____

Number of times per week for restaurant meals _____

Who does the grocery shopping? _____ Cooking? _____

Typical Eating Pattern

Please describe your child's daily eating habits in detail below. Start with morning and list foods and beverages consumed throughout the day (both meals and snacks).

Morning _____

_____

Mid morning _____

Mid-day _____

_____

Mid afternoon _____

Evening _____

_____

Late evening _____

What are your child's favorite foods?

Fruits and vegetables that patient likes or is willing to eat: