

Confidential Health History - Child

Please write or print clearly

Parent's Name: _____

Address: _____

Email address: _____

Telephone – Work: _____ Home: _____ Cell: _____

Child's Name: _____

Child's Age: _____ Height: _____ Weight: _____

Please list main health concerns for your child: _____

Other concerns and/or goals? _____

Any serious illnesses/hospitalizations/injuries? _____

Family History

Please list any diagnoses, conditions, illnesses for:

Mother _____

Father _____

What is your child's ancestry? _____ What is your child's blood type? _____

Does your child sleep well? _____

Any recent or recurring infections? Please explain: _____

Any Constipation/Diarrhea/Gas? Please explain: _____

Any Allergies or sensitivities? Please explain: _____

Any current supplements or medications? Please list: _____

Anything else you want to share?
