

## Health History (Age: 13+ yrs)

### Intake

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

### Social History:

Please check appropriate box and/or answer questions to the best of your ability.

1. Diet:  Regular  Vegetarian  Vegan  Gluten Free  
 Other Please specify: \_\_\_\_\_
2. Exercise Level:  None  Occasional  Moderate  Heavy
3. Sporting Activities: \_\_\_\_\_
4. Parents' Marital Status:  Married  Unmarried  Separated  Divorced  Widowed
5. Home Situation:  Both Parents  Mother  Father  Relatives  Adoptive Parents  Foster Parents  Other Please Specify: \_\_\_\_\_
6. Siblings: \_\_\_\_\_
7. Animal Exposure:  Yes  No
8. Passive Smoke Exposure  Yes  No
9. Seat belt/Car seat used routinely:  Yes  No
10. Sunscreen used routinely:  Yes  No
11. Guns present in home:  Yes  No
12. Year in School (current grade): \_\_\_\_\_
13. Smoke Alarm in home:  Yes  No
14. Alcohol Intake:  Never  Occasional  Moderate  Heavy
15. Smoking Status:  Never Smoker  Former Smoker  Current Every Day Smoker  Current Some Day Smoker
16. If smoker, How Much: \_\_\_\_\_
17. Illicit Drugs: \_\_\_\_\_
18. Sexually Active:  Yes  No
19. Sexual Orientation:  Heterosexual  Homosexual  Bisexual
20. Protected Sex:  Yes  No