



Adolescent (age 13-18) Health History

Name: _____ **Grade:** _____ **Date of Birth:** _____ **Today's Date:** _____

Drug Allergies and type of reaction: _____

Current Medications (Including over-the-counter medications and herbals): No Medications

Name of Medication	Dose	Number of times taken daily
1.		
2.		
3.		
4.		

Do you have or have you ever had problems with the following: (please circle)

- | | | |
|--------------------------------|-------------------------------|-------------------------|
| Headaches | Asthma | Skin problems |
| Fainting | Stomach aches | Eating disorder |
| Seizures | Hernias | Depression |
| Head injury | Diabetes | Anxiety |
| Vision problems | Frequent or painful urination | Suicide attempt or plan |
| Chest Pain | Sexually Transmitted Disease | Domestic violence |
| Palpitation or heart pounding. | Swollen or painful joints | Sexual Abuse |
| High Blood Pressure | Chronic back pain | Cutting or Self-harm |
| Heart Murmur | Blood disorder | OTHER: _____ |
| Coughing a lot | Cancer | |
| Problems Breathing | Exposure to toxins | |

Hospitalizations/Surgeries:

Date	Reason for visit/surgery

Has anyone in your family had any of the following?

- | | | | | |
|------------------|------------------------|---------------|-------------|-----------|
| Thyroid problems | Cancer | Asthma | Diabetes | Allergies |
| Heart Problems | Mental Health Concerns | Drug Problems | Other _____ | |

Who?	Age	Medical Problems
Mother		
Father		
Siblings		
Siblings		
Siblings		

Parent's names: _____ #/name of brothers/sisters: _____

Who lives at home with you, include any pets? _____

Do you work? _____ What type of work? _____ Hobbies/interests: _____

Please indicate how long you have used the following and the type of product:		
Tobacco products	Length:	Type: _____ Second hand Exposure?
Alcohol	Length:	Type: _____
Other Substances	Length:	Type: _____
Caffeine	Length:	

FEMALES ONLY: Menstrual History

Age you started your period: _____ Are your periods **Irregular**? _____ Date of last menstrual cycle _____