



116 Holloway Rd., Ste. B  
Ballwin, MO 63011  
636-386-3333

**Pediatric Health History ( under the age of 12)**

*Welcome to Nutrition Clinic. Please take a few moments to fill in your information.*

Date: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone # (        ) \_\_\_\_\_ Other Phone # (        ) \_\_\_\_\_

Who does patient live with? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

Mom's pregnancy \_\_\_ C-Section \_\_\_ vaginal delivery      Full Term? \_\_\_\_\_ Y \_\_\_\_\_ N

Complications during delivery: \_\_\_\_\_

Complications during gestation: \_\_\_\_\_

Emotional or Physical stress in utero or early childhood? \_\_\_\_\_

Vaccinations and age received:

\_\_\_\_\_

\_\_\_\_\_

Known Allergies:

Medical: \_\_\_\_\_

\_\_\_\_\_

Known allergies:

Environmental: \_\_\_\_\_

\_\_\_\_\_

Medications & Supplements (past & present use): \_\_\_\_\_

\_\_\_\_\_

Is child active? \_\_\_\_\_ Y \_\_\_\_\_ N

Comments: \_\_\_\_\_

\_\_\_\_\_

Hospitalizations, surgeries, accidents? \_\_\_\_\_

\_\_\_\_\_

Eating Habits:

Breakfast: \_\_\_\_\_

\_\_\_\_\_

Lunch: \_\_\_\_\_

\_\_\_\_\_

Dinner: \_\_\_\_\_

\_\_\_\_\_

Snacks and how often: \_\_\_\_\_

\_\_\_\_\_

Beverages: \_\_\_\_\_ water \_\_\_\_\_ ounces per day

Other beverages: \_\_\_\_\_

\_\_\_\_\_

Exercise or stay indoors? \_\_\_\_\_

\_\_\_\_\_

Any school difficulties? \_\_\_\_\_

\_\_\_\_\_

Any developmental issues? \_\_\_\_\_

\_\_\_\_\_

**ALL NEW PATIENTS: PLEASE REFRAIN FROM TAKING YOUR  
DIETARY SUPPLEMENTS FOR  
24 HOURS BEFORE YOUR NEXT APPOINTMENT.**