



Bringing the joyful adventure of good health to your kitchen!

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My Health History

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Age: _____ Birthday: _____ Place of Birth: _____

Height: _____ Weight: _____ Grade: _____

Favorite subject? _____ Favorite color? _____

Do you have any brothers or sister? _____

Favorite sport/activity? _____

Favorite things to do with friends: _____

Favorite things to do with family: _____

Favorite things to do when alone: _____

Bedtime: _____ Wake-up time: _____

Chores you do around the house: _____

Do you ever wake up at night? _____ Do you ever feel sick, tired or grumpy? _____

How's your health? _____

Any serious illnesses or injuries? _____

My favorite foods : _____

Foods I don't like: _____

What I eat for breakfast: _____

What I eat for lunch: _____

What I eat for dinner: _____

What I eat for snacks: _____

What I drink: _____

What I want to learn about my body and about food: _____