

Medical Center for Eating Disorders

Jennifer Nagel, RDN, LD, PA-C

701 N. Post Oak Road, Suite 220, Houston TX 77024

Phone: 713-956-4083 Fax: 832-916-2033

Patient History Form for Parent (if applicable)

Patient's Name: _____ Date: ____/____/____

1. How did you hear about Jennifer?

2. What problem(s) is your daughter/son having?

3. Have there been any changes in the family such as:

Marriage

Divorce

Births

Deaths

Loss of Job

Move to New House NO CHANGES

If yes, please explain:

4. Father's (or stepfather's) occupation: _____

5. Mother's (or stepmother's) occupation: _____

6. Highest grade completed by: Father (Stepfather): _____

Mother (Stepmother): _____

7. List all brothers and sisters:

HIGHEST SCHOOL

NAME	AGE	GRADE COMPLETED	HEALTH	WHERE LIVES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PAST MEDICAL HISTORY

8. How old was the patient's mother when she/he was born? _____

9. Were there any difficulties or problems with pregnancy, labor, or deliver? YES NO

If yes, what: _____

10. What was his/her behavior and development like?

Birth through 1 year: _____

3 to 6 years: _____

6 to 12 years: _____

18. Immunization History:

	YES	NO	Dates:
DPT-Series	YES	NO	_____
Tetanus	YES	NO	_____
Polio	YES	NO	_____
Measles	YES	NO	_____
Rubella (German Measles)	YES	NO	_____
Mumps	YES	NO	_____
Varicella	YES	NO	_____
Hepatitis A	YES	NO	_____
Hepatitis B	YES	NO	_____
TB Test	Date: _____		Positive Negative Unknown

19. List all medications (including “over-the-counter” meds), dosage, and reason taken:

MEDICATION	DOSAGE	REASON
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. List any and all allergies to any medications that the patient has and what happened:

MEDICATION	KIND OF REACTION
_____	_____
_____	_____
_____	_____

GENERAL ADJUSTMENT

21. Describe your daughter’s/son’s behavior:

22. How is she/he doing in school? List any specific problems:

23. How does she/he get along with people in general?

24. What does she/he like to do best?

25. What does she/he like to do least?

26. Has she/he had any jobs? If so, how has she/he performed?

