**Dietitian 4 Health**

**Pediatric Health History Form**

*Please provide Rachel Freeman with the following information:*

Name of child:

Age:

Date of Birth:

Parent’s Names:

Address:

Phone number:

Email address (optional):

Primary doctor or pediatrician (where Rachel can send reports if desired):

What nutritional concerns do you have with your child?

Does your child have any food allergies? If so please list:

Is your child on any nutritional supplements (formulas/vitamins/minerals)? If so, please list:

Is your child on any medications? If so, please list:

Does your child have any medical conditions? If so, please list:

Is there anything else you think Rachel should know about your child?