

HEALTHY FUTURES FOLLOW UP



QUESTIONS/CONCERNS TODAY FOR:

DOCTOR _____
 FITNESS _____
 DIETITIAN _____
 COUNSELOR _____

CHANGES IN PATIENT MEDICAL OR MEDICATION HISTORY

Medical conditions: _____

Surgeries: _____

Medications: _____

	YES	NO	N/A	Comments
CARDIOVASCULAR				
Chest pain with exercise				
Heart murmur				
Heart palpitations or abnormal heart rhythm				
Abnormal heart rhythm				
High blood pressure				
High cholesterol				
Endocrine (females)				
Regular periods				
Diabetes				
Thyroid problem				
EYE, EAR, NOSE & THROAT				
Snoring				
GASTROINTESTINAL				
Elevated liver enzymes				
Reflux				
Nausea/ vomiting				
Right upper abdominal pain				
GENITOURINARY				
Frequent urination				
MUSCULOSKELETAL				
Joint pain				
Back pain				
NEUROLOGICAL				
Headaches/ migraines more than once a week				
Blurry vision				
Dizziness				
Fainting				
Seizure disorder				
ADHD				
PSYCHOLOGICAL				
Anxiety				
Depression				
RESPIRATORY				
Shortness of breath with exercise				
Cough with exercise				
Chronic cough				
Wheezing / Asthma				

Place Sticker Here



CHANGES IN LIFESTYLE HISTORY

1. How many meals a day does your child eat? _____
2. How many snacks a day does your child eat? _____
3. How many servings of fruit does your child eat per day? _____
4. How many servings vegetables does your child eat per day? _____
5. How many cups of water does your child drink per day? _____
6. How many cups of juice does your child drink per day? _____
7. How many sugary beverages does your child drink per day? _____
Sugary beverages are soda, sports drinks, sweet tea, coffee with sugar, lemonade, kool-aid, fruit punch
8. How many days per week does your family eat fast food or food from a restaurant? _____
9. How many minutes of physical activity does your child get per day? _____
10. Not including time doing homework, how many hours of screen time does your child get per day? _____

Screen time includes TV, computer, tablet, iPad, smart phone, videogames.