



**PE4ME JR. STUDENT INTAKE FORM**

DATE:   /   /

STUDENT Name: \_\_\_\_\_

DOB:   /   /

STUDENT ID#:

GRADE:

GENDER:  M<sup>1</sup>  F<sup>2</sup>

CONTACT PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK / HOME / CELL (Please circle one)

SCHOOL ID #:     SCHOOL: **Valadez Middle School**

**PRIMARY LANGUAGE:**  
<sup>1</sup> ENGLISH  
<sup>2</sup> SPANISH  
<sup>3</sup> KOREAN  
<sup>4</sup> CHINESE  
<sup>5</sup> VIETNAMESE  
<sup>6</sup> JAPANESE  
<sup>7</sup> OTHER

**ETHNICITY:**  
<sup>1</sup> AFRICAN AMERICAN  
<sup>2</sup> ASIAN/PACIFIC ISLANDER  
<sup>3</sup> NATIVE AMERICAN  
<sup>4</sup> CAUCASIAN  
<sup>5</sup> HISPANIC  
<sup>6</sup> OTHER

**FAMILY HISTORY: Do any of your family members suffer from any of the following:**

	Child	Parent	Grandparent
Diabetes, Type I	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
Diabetes, Type II	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
Heart Disease	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
Heart Attack prior to Age 50	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
High Blood Pressure	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
Obesity / Overweight	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
Stroke	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
Asthma	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>

Primary Care Physician:  
 \_\_\_\_\_  
 Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Medical Insurance:  
 Yes  No

HOW MANY HOURS PER DAY DOES YOUR CHILD PARTICIPATE IN?	Less than 2 hours <input type="radio"/> <sup>1</sup>	2 hours <input type="radio"/> <sup>2</sup>	More than 2 hours <input type="radio"/> <sup>3</sup>
	0-2 Days	3-5 Days	6+ Days
1. Screen Time (TV, video games, or computer, etc.):	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
2. How many days per week does your child eat fast food/at restaurants	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
3. How many days per week does your child eat breakfast?	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
4. How many days per week does your child participate for 60 minutes or more in physical activity (walking, biking, running, sports)	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
5. How many days per week does your child eat 5 or more fruits and/or vegetables in a day?	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>

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|-----|---|---|---|---|
| 6.  | How many days per week does your child eat junk food? (Cookies, candy, soda, Cheetos ©, Doritos ©, etc.)? | <input type="radio"/> <sup>1</sup>                          | <input type="radio"/> <sup>2</sup>                              | <input type="radio"/> <sup>3</sup>                                |
| 7.  | How many days per week does your child drink 2-3 8 oz. cups of milk in a day?                             | <input type="radio"/> <sup>1</sup>                          | <input type="radio"/> <sup>2</sup>                              | <input type="radio"/> <sup>3</sup>                                |
| 8.  | How many days per week does your child eat healthy snacks?  | <input type="radio"/> <sup>1</sup>                          | <input type="radio"/> <sup>2</sup>                              | <input type="radio"/> <sup>3</sup>                                |
| 9.  | Please indicated <b>ONE</b> type of milk that your child drinks most often:                               | <input type="radio"/> <sup>1</sup> Whole                    | <input type="radio"/> <sup>2</sup> 2% low fat                   | <input type="radio"/> <sup>3</sup> Nonfat                         |
|     |   | <input type="radio"/> <sup>4</sup> 1% low fat               | <input type="radio"/> <sup>5</sup> Soy milk                     | <input type="radio"/> <sup>6</sup> None                           |
| 10. | Does your child typically eat healthy snacks while watching TV, playing video games or on the computer?   | <input type="radio"/> <sup>1</sup> Always                   | <input type="radio"/> <sup>2</sup> Sometimes                    | <input type="radio"/> <sup>3</sup> Never                          |
| 11. | How important is it for your child to improve his/her physical activity?                                  | <b>Very Important</b><br><input type="radio"/> <sup>1</sup> | <b>Somewhat Important</b><br><input type="radio"/> <sup>2</sup> | <b>Not at all Important</b><br><input type="radio"/> <sup>3</sup> |
| 12. | How important is it for your child to improve his/her nutritional habits?                                 | <input type="radio"/> <sup>1</sup>                          | <input type="radio"/> <sup>2</sup>                              | <input type="radio"/> <sup>3</sup>                                |

**HISTORY:**

**Medications:**

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**Allergies:**

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**Medical Problems:**

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DATE:  /  /

DOB:  /  /

STUDENT Name: \_\_\_\_\_

STUDENT ID#:

GRADE:

SCHOOL ID #:  |  |  | SCHOOL: Valadez Middle School