

5'4"  
165 lbs  
8m. Bu

**Patient Questionnaire**

Patient ID# 001

1. Please state your age 17 and gender F
2. Please describe on a typical day, what you eat for:
  - a. Breakfast 2 Pop Tarts
  - b. Lunch Chick-Pil-a Nuggets and fries
  - c. Dinner Meat, potato, salad w/ ranch dressing
  - d. Snacks/Desserts Chips, chocolate
3. How many times per day do you
  - a. Drink soda? 2 What types? Diet Coke
  - b. Drink sports drinks? 0
  - c. Drink juice? 1 What types? orange juice
  - d. Eat snacks/dessert? 2
  - e. Drink coffee-based beverages <1 What types? Caramel Macchiatto
4. How many times per week do you
  - a. Exercise? 2 What types of exercises do you do and for how long? walk, 20 mins
  - b. Eat out? 5 at which restaurants? Chick-Pil-a, Sophie's
5. What would you typically describe as a serving of
  - a. Cereal? 1/2 cup
  - b. Potato chips/other snack chips? 2 handfuls
  - c. Meat? 12 oz
  - d. Fruit/Vegetables? 1 cup
  - e. Soda or sports drinks? 1 bottle/can
  - f. Juice? 1 glass
6. Do you drink milk? yes If yes, what type of milk (circle one): skim 1% 2% Vitamin D
7. Do you have any dietary restrictions? NO If yes, please describe them  
N/A
8. List any medical conditions that you have: None
9. Is there a history of any health condition in your family? yes If yes, please list the condition(s):  
Aunts (2) have breast cancer.

Doctor's Notes: Blood panel Results  
Glucose: 100 mg/dL  
protein: 7.1 g/dL  
triglycerides: 222  
LDL: 170  
HDL: 40  
Total cholesterol: 214