

5' 7"  
150 lbs  
Med. Build



Patient Questionnaire

Patient ID# 002

1. Please state your age 15 and gender f
2. Please describe on a typical day, what you eat for:
  - a. Breakfast go-gurt and banana
  - b. Lunch Pizza or chicken sandwich and fries
  - c. Dinner Meat, Mac-n-cheese, baked potato
  - d. Snacks/Desserts fries, cookies, gushers
3. How many times per day do you
  - a. Drink soda? 4 What types? sunkist
  - b. Drink sports drinks? 1
  - c. Drink juice? 0 What types? N/A
  - d. Eat snacks/dessert? 3
  - e. Drink coffee-based beverages 0 What types? N/A
4. How many times per week do you
  - a. Exercise? 4 What types of exercises do you do and for how long? Wii, 30 mins
  - b. Eat out? 2 at which restaurants? McDonalds, Bojangles, Cook-out
5. What would you typically describe as a serving of
  - a. Cereal? 1 bowl full
  - b. Potato chips/other snack chips? 1 bowl
  - c. Meat? 1/2 plate
  - d. Fruit/Vegetables? 3/4 cup
  - e. Soda or sports drinks? 1 Bottle
  - f. Juice? 1/2 glass
6. Do you drink milk? NO 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

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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):  
Mom and Dad - high cholesterol

Doctor's Notes: Blood Panel Results

Glucose: 140 mg/dL	LDL: 215
Protein: 7.9	HDL: 35
Triglycerides: 650	Total cholesterol: 250