

5'9"
180 lbs
Med. Build



Patient Questionnaire

Patient ID# 003

1. Please state your age 16 and gender M
2. Please describe on a typical day, what you eat for:
 - a. Breakfast CEREAL
 - b. Lunch PIZZA
 - c. Dinner HAMBURGER, FRIES
 - d. Snacks/Desserts DORITOS, SKITTLES
3. How many times per day do you
 - a. Drink soda? 0 What types? -
 - b. Drink sports drinks? 3
 - c. Drink juice? 0 What types? -
 - d. Eat snacks/dessert? 4
 - e. Drink coffee-based beverages 1 What types? COFFEE (ICED) W/ MILK
4. How many times per week do you
 - a. Exercise? 0 What types of exercises do you do and for how long? -
 - b. Eat out? 3 at which restaurants? FIVE GUYS, MCDONALD'S
5. What would you typically describe as a serving of
 - a. Cereal? 2 BOWLS
 - b. Potato chips/other snack chips? HANDFUL
 - c. Meat? 1/4 pound
 - d. Fruit/Vegetables? 1/2 plate
 - e. Soda or sports drinks? 1 BOTTLE
 - f. Juice? ?
6. Do you drink milk? Y If yes, what type of milk (circle one): skim 1% 2% Vitamin D
7. Do you have any dietary restrictions? N If yes, please describe them -
8. List any medical conditions that you have: -
9. Is there a history of any health condition in your family? Y If yes, please list the condition(s): DIABETES

DOCTOR'S NOTES ; Blood panel RESULTS

Glucose: 180 mg/dl	LDL: 220
Protein: 9.5 g/dl	HDL: 30
triglycerides: 520	Total cholesterol: 250