

5'7"  
167 lbs  
Med. Build



Patient Questionnaire

Patient ID# 004

1. Please state your age 15 and gender M
2. Please describe on a typical day, what you eat for:
  - a. Breakfast NA
  - b. Lunch hamburger, fries
  - c. Dinner meat, pasta, canned vegetables
  - d. Snacks/Desserts nachos, chicken nuggets, candy
3. How many times per day do you
  - a. Drink soda? 1 What types? pepsi
  - b. Drink sports drinks? 2
  - c. Drink juice? 0 What types? NA
  - d. Eat snacks/dessert? 3
  - e. Drink coffee-based beverages 0 What types? NA
4. How many times per week do you
  - a. Exercise? 5 What types of exercises do you do and for how long? 2 hours, swimming practice
  - b. Eat out? 4 at which restaurants?  
subway burger king
5. What would you typically describe as a serving of
  - a. Cereal? 1 bowl
  - b. Potato chips/other snack chips? 1 bowl
  - c. Meat? 1/2 pound
  - d. Fruit/Vegetables? 1 can
  - e. Soda or sports drinks? 1 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? yes If yes, please describe them  
allergic to peanuts
8. List any medical conditions that you have: High blood pressure
9. Is there a history of any health condition in your family? yes If yes, please list the condition(s):  
heart disease

Doctor's Notes: Blood Panel Results  
Glucose: ~~200~~ mg/dL  
Protein: 6.7 g/dL  
triglycerides: 190  
LDL: 200  
HDL: 25  
Total cholesterol: 225