

5'5"
132 lbs
Med. Bu

Patient Questionnaire

Patient ID# 006

1. Please state your age 18 and gender F
2. Please describe on a typical day, what you eat for:
 - a. Breakfast EGGO WAFFLES, SYRUP
 - b. Lunch SALAD WITH DRESSING, FRIES
 - c. Dinner PASTA WITH SAUCE (MEAT), SALAD
 - d. Snacks/Desserts ICE CREAM, CHIPS
3. How many times per day do you
 - a. Drink soda? 1 What types? DIET SUNRIST
 - b. Drink sports drinks? 0
 - c. Drink juice? 1 What types? GRAPE
 - d. Eat snacks/dessert? 2
 - e. Drink coffee-based beverages 1 What types? CAFE MOCHA
4. How many times per week do you
 - a. Exercise? 3 What types of exercises do you do and for how long? AEROBICS, 45 MINS
 - b. Eat out? 5 at which restaurants?
CHIK-FIL-A, SOPHIES
5. What would you typically describe as a serving of
 - a. Cereal? idk
 - b. Potato chips/other snack chips? idk
 - c. Meat? idk
 - d. Fruit/Vegetables? idk
 - e. Soda or sports drinks? 1 BOTTLE
 - f. Juice? idk
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 SEAFOOD
8. List any medical conditions that you have: DIABETES
9. Is there a history of any health condition in your family? YES If yes, please list the condition(s):
DIABETES, COLON CANCER

Doctor's notes: Blood panel Results

Glucose : 75 mg/dl

protein : 5.2 g/dl

triglycerides : 140

LDL : 90

HDL : 75

Total Cholesterol : 165