

PATIENT DETAIL

CUSTOMER ID :	NAME :	AGE :	GENDER :
CONTACT :	ADDRESS :		EMAIL :
PRESENT EXERSICE :	EXERSICE ACTIVITY :	NATURE ACTIVITY :	

ANTHROPOMETRICS	Measured Wt. (kgs) :	Measured Ht. (m) :	Ideal Body Wt. :
BMI Category :	Measured Waist (cms) :	MUAC (CM) :	Blood Pressure :
Wt loss in Month:	Wt loss in 6 Month :	Wt loss in Year:	NECK CIRCUMFERENCE (CM) :
Calculated BMI :	Wt gain in Month:	Wt gain in Year:	Wt gain in 6 Month :

BIOCHEMICAL LABS

Fasting Glucose	Creatinine	Albumin	HbA1C
ALT (SGPT)	AST (SGOT)	Hematocrit	Triglycerides
HDL	Total Cholesterol	Alkaline Phosphatase	Vitamin D3
Vitamin B12	Others		

COMORBIDITY

Hypertension	Diabetes	CHF	Asthma
IHD	Thyroid (Hypo/ Hyper)	Sleep Apnea	Functional Status

DIET AND LIFESTYLE

Smoking	Alcohol	Regular Exercise If Yes Which
1. Never	1. Never	1. None
2. Sometimes	2. 1-2 times a week	2. Walking
3. Always	3. 3-4 times a week	3. Jogging
	4. 5-6 times a week	4. Aerobic
	5. 7-8 times a week	5. Other
	6. 9-10 times a week	
	7. 11-12 times a week	
	8. 13-14 times a week	
	9. 15-16 times a week	
	10. 17-18 times a week	
	11. 19-20 times a week	
	12. 21-22 times a week	
	13. 23-24 times a week	
	14. 25-26 times a week	
	15. 27-28 times a week	
	16. 29-30 times a week	
	17. 31-32 times a week	
	18. 33-34 times a week	
	19. 35-36 times a week	
	20. 37-38 times a week	
	21. 39-40 times a week	
	22. 41-42 times a week	
	23. 43-44 times a week	
	24. 45-46 times a week	
	25. 47-48 times a week	
	26. 49-50 times a week	
	27. 51-52 times a week	
	28. 53-54 times a week	
	29. 55-56 times a week	
	30. 57-58 times a week	
	31. 59-60 times a week	
	32. 61-62 times a week	
	33. 63-64 times a week	
	34. 65-66 times a week	
	35. 67-68 times a week	
	36. 69-70 times a week	
	37. 71-72 times a week	
	38. 73-74 times a week	
	39. 75-76 times a week	
	40. 77-78 times a week	
	41. 79-80 times a week	
	42. 81-82 times a week	
	43. 83-84 times a week	
	44. 85-86 times a week	
	45. 87-88 times a week	
	46. 89-90 times a week	
	47. 91-92 times a week	
	48. 93-94 times a week	
	49. 95-96 times a week	
	50. 97-98 times a week	
	51. 99-100 times a week	
	52. 101-102 times a week	
	53. 103-104 times a week	
	54. 105-106 times a week	
	55. 107-108 times a week	
	56. 109-110 times a week	
	57. 111-112 times a week	
	58. 113-114 times a week	
	59. 115-116 times a week	
	60. 117-118 times a week	
	61. 119-120 times a week	
	62. 121-122 times a week	
	63. 123-124 times a week	
	64. 125-126 times a week	
	65. 127-128 times a week	
	66. 129-130 times a week	
	67. 131-132 times a week	
	68. 133-134 times a week	
	69. 135-136 times a week	
	70. 137-138 times a week	
	71. 139-140 times a week	
	72. 141-142 times a week	
	73. 143-144 times a week	
	74. 145-146 times a week	
	75. 147-148 times a week	
	76. 149-150 times a week	
	77. 151-152 times a week	
	78. 153-154 times a week	
	79. 155-156 times a week	
	80. 157-158 times a week	
	81. 159-160 times a week	
	82. 161-162 times a week	
	83. 163-164 times a week	
	84. 165-166 times a week	
	85. 167-168 times a week	
	86. 169-170 times a week	
	87. 171-172 times a week	
	88. 173-174 times a week	
	89. 175-176 times a week	
	90. 177-178 times a week	
	91. 179-180 times a week	
	92. 181-182 times a week	
	93. 183-184 times a week	
	94. 185-186 times a week	
	95. 187-188 times a week	
	96. 189-190 times a week	
	97. 191-192 times a week	
	98. 193-194 times a week	
	99. 195-196 times a week	
	100. 197-198 times a week	
	101. 199-200 times a week	
	102. 201-202 times a week	
	103. 203-204 times a week	
	104. 205-206 times a week	
	105. 207-208 times a week	
	106. 209-210 times a week	
	107. 211-212 times a week	
	108. 213-214 times a week	
	109. 215-216 times a week	
	110. 217-218 times a week	
	111. 219-220 times a week	
	112. 221-2	

Activity factor as per BMR calculation in Energy Requirement Sleep (hours/day)

DIET HISTORY

Veg / Non - Veg / Ovo - Veg	Frequency of eating outside food	Number of typical meals in a day
Number of typical snacks in a day	Caloric beverages number per day	Do you eat breakfast everyday?
Do you eat when bored?	Do you eat when stressed or upset?	Do you eat while watching T.V.?
Previously tried wt. loss diets	Recent wt. gain/loss in last 6 months	

24 hr. DIET RECALL

Tea time	Breakfast	Lunch	Tea time
Dinner	After dinner	Diet recall analysis	

CLINICAL COMPLAINTS

1. Gastrointestinal Problems: a. Do you have any of these problems? c. Do you follow any home remedies? b. Do you use any laxative/ antacid?

2. Chronic Diseases: a. Do you have any chronic diseases? b. Have you followed any particular diet for the above problems?

3. Medication: a. Do you take any vitamin/ mineral supplements? b. Do you take any oral drugs for diabetes/ hypertension?

4. FATS & OILS: a. What oil do you use? b. How much oil in a month? c. How many members at home?

Wt. loss goal	Caloric Requirement (HB)	Caloric Goal
Physical Activity goal	Specific goals for next 2 weeks-	