

## PATIENT DETAIL

CUSTOMER ID :	NAME : Test	AGE : 27	GENDER : Male
CONTACT : 56565663	ADDRESS : Wadala		EMAIL : test@gmail.com
PRESENT EXERSICE : test	EXERSICE ACTIVITY : test		NATURE ACTIVITY : b. Lightly active (
Light exercise/ Sports 1-3 days/week)			

**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		

### COMORBITY

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

### DIET AND LIFESTYLE

Smoking	Alcohol	Regular Exercise If Yes Which
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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

- Gastrointestinal Problems: a. Do you have any of these problems? c. Do you follow any home remedies? b. Do you use any laxative/ antacid?
  - Chronic Diseases: a. Do you have any chronic diseases? b. Have you followed any particular diet for the above problems?
  - Medication: a. Do you take any vitamin/ mineral supplements? b. Do you take any oral drugs for diabetes/ hypertension?
  - 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- |              |