

STAY HEALTHY

Personal Data

Name: _____ Date of Birth: _____

Surname: _____

Phone: _____ Mail: _____

Adress: _____

Gender: ☐ Masc ☐ Fem ☐ Non Binary

Health Report

Medication: _____

Diseases: _____

Bad habits	Yes	No	Notes
Smoking			
Alcoholism			
Sedentarism			
Not getting enough sleep			
Unhealthy diet			
Cracking bones			

Contact
(000) 123 456 789