**Date:**

PERSONAL INFORMATION

|  |  |
| --- | --- |
| Name | <FULLNAME> |
| AGE | <AGE> |
| Height (cms): | <HEIGHT> |
| Weight (kgs): | <WEIGHT> |
| Home Address | <ADDRESS> |
| Mobile No. | <MOBILE> |
| E-mail Address: | <EMAIL> |

MEDICAL HISTORY

|  |  |
| --- | --- |
| Diabetes | <YES/NO> |
| High blood pressure | <YES/NO> *If yes please provide recent value* |
| High cholesterol / triglyceride /  Uric acid levels | <YES/NO> *If yes please provide recent value* |
| Hypothyroidism | <YES/NO> *If yes please provide recent value* |
| Current medications | <DETAILS> *If yes please specify* |

LIFESTYLE FACTORS

|  |  |
| --- | --- |
| Smoking | <YES/NO/NEVER> |
| Number of cigarettes/day (if current smoker) | <NUMBER> |
| Substance Abuse: | <YES/NO> |
| Alcohol consumption | <YES/NO> |
| - How many times in a week? | <IF YES FOR ALCOHOL> |
| - How many drinks? | <IF YES FOR ALCOHOL> |
| - What do you munch with the drinks? | <IF YES FOR ALCOHOL> |
| Occupation | <OCCUPATION> |

FAMILY HISTORY

|  |  |
| --- | --- |
| Heart attack / stroke / sudden death | Father / Mother / Siblings (NONE) |
| Diabetes Mellitus | Father / Mother / Siblings (NONE) |
| High blood pressure | Mother |
| Obesity | Father / Mother / Siblings (NONE) |
| High cholesterol / lipid levels | Father / Mother / Siblings (NONE) |

DIETARY HISTORY

Write in terms of cups/katoris & teaspoons/tablespoons. Specify the quantities of chapattis/idlis etc.

|  |  |
| --- | --- |
| Early morning: | <DETAILS> |
| Breakfast: | <DETAILS> |
| Mid-morning: | <DETAILS> |
| Lunch: | <DETAILS> |
| Tea/Coffee: | <DETAILS> |
| Mid-evening: | <DETAILS> |
| Dinner: | <DETAILS> |
| Bed-time: | <DETAILS> |

|  |  |
| --- | --- |
| **Items** | **Number of Times A Week** |
| Non-vegetarian food | <DETAILS WITH FREQUENCY> |
| Eggs (number) | <DETAILS> |
| Cake and pastries  **EATING IN RESTAURANTS** | <DETAILS WITH FREQUENCY> |
| Snacks | <DETAILS> |
| Chocolates | <DETAILS WITH FREQUENCY> |
| Aerated drinks | <DETAILS WITH FREQUENCY> |
| Ice creams | <DETAILS WITH FREQUENCY> |
| Fruits | <DETAILS WITH FREQUENCY> |
| Fruit juices | <DETAILS WITH FREQUENCY> |
| Indian sweets | <DETAILS WITH FREQUENCY> |
| Fried foods | <DETAILS WITH FREQUENCY> |
| Salads | <DETAILS WITH FREQUENCY> |

|  |  |
| --- | --- |
| **USE OF** | |
| Oil | <HIGH / AVERAGE / LOW> |
| Ghee | <HIGH / AVERAGE / LOW> |
| Butter | <HIGH / AVERAGE / LOW> |
| Coconut | <HIGH / AVERAGE / LOW> |
| Groundnut | <HIGH / AVERAGE / LOW> |
| How much oil are you using in a month? | <LITRES> |
| Number of family members: | <NUMBER> |
| Type of oil | <TYPE OF OIL> |

EXERCISE

|  |  |
| --- | --- |
| Do you exercise? | <YES/NO> |
| - How many times in a week? | <IF YES FOR EXERCISE> |
| Do you walk / jog / use a treadmill / cycle / swim / workout in the gym or describe any other activity | <DETAILS WITH FREQUENCY> |

**ADDITIONAL DETAILS:**

*PLEASE FEEL FREE TO SHARE ANY OTHER RELEVANT DETAILS*