Health Review

If you feel uncomfortable answering any question, please feel free to skip to the next question. How many times per week do you exercise? What type of exercise do you do (walking, biking, treadmill, etc.)?

How many servings do you each **WEEK** of:

Please circle the best answer

Red Meat	0	1	2	3	4	5	6	7	8	9	10	11	12	per WEEK
Chicken	0	1	2	3	4	5	6	7	8	9	10	11	12	per WEEK
Fish	0	1	2	3	4	5	6	7	8	9	10	11	12	per WEEK
Chips	0	1	2	3	4	5	6	7	8	9	10	11	12	per WEEK
Ice cream	0	1	2	3	4	5	6	7	8	9	10	11	12	per WEEK
Frozen yogurt	0	1	2	3	4	5	6	7	8	9	10	11	12	per WEEK
Yogurt	0	1	2	3	4	5	6	7	8	9	10	11	12	per WEEK
Cheese	0	1	2	3	4	5	6	7	8	9	10	11	12	per WEEK
Restaurant meals	0	1	2	3	4	5	6	7	8	9	10	11	12	per WEEK

How many servings do you each **DAY** of:

Milk	0	1	2	3	4	5	6	per DAY
Type of milk		Skim	1.00%	2.00%	Whole			
Fruits	0	1	2	3	4	5	6	per DAY
Vegetables	0	1	2	3	4	5	6	per DAY
Cans/glasses of soda	0	1	2	3	4	5	6	per DAY
Type of soda		Regular	Diet					
Sweets	0	1	2	3	4	5	6	per DAY

What vitamins, supplements, minerals or herbal remedies do you take? How often?

Please list your family members with significant medical problems (eg father with heart disease):

Please check-off any problems you have had in the past MONTH that you would like to discuss further (please feel free to write in more detail next to the problem or at the bottom of the page):

- [ ] Fever
- [ ] Excessive fatigue
- [ ] Significant weight gain or weight loss
- [ ] New or changing moles
- [ ] Persistent rash
- [ ] Blurred vision
- [ ] Double vision
- [ ] Many new floaters
- [ ] Eye pain
- [ ] Change in your hearing
- [ ] Ringing in your ears
- [ ] Pain in your ears
- [ ] Dizziness
- [ ] Nasal drainage or sinus pressure
- [ ] Hoarseness or persistent throat pain
- [ ] Shortness of breath
- [ ] Wheezing
- [ ] Cough lasting more than 10 days
- [ ] Chest pain lasting more than seconds
- [ ] Swelling in your legs/feet
- [ ] Cramps in your legs when walking
- [ ] Food or pills sticking when you swallow
- [ ] Vomiting
- [ ] Diarrhea
- [ ] Constipation
- [ ] Indigestion/heartburn
- [ ] Abdominal pain
- [ ] Rectal bleeding
- [ ] Black stools
- [ ] Burning with urination/drainage from penis
- [ ] Leaking urine
- [ ] Hernia
- [ ] Lump in your testicle
- [ ] Difficulty with erections
- [ ] Tremor or shaking
- [ ] Hot or cold when others are not
- [ ] Back pain
- [ ] Joint pains
- [ ] Recent injury
- [ ] Headaches
- [ ] Numbness or tingling
- [ ] Trouble with your balance
- [ ] Feeling blue/sad
- [ ] Crying for no reason
- [ ] Feeling nervous about things
- [ ] Worrying about things too much
- [ ] Irritable, snap at other people
- [ ] Trouble sleeping