

First Name:
Gender:
Evaluation Date:

Last Name:
Birthdate:
Next Evaluation:

Suggeste

Major Health Concerns (In order of importance):

1.	Morning Stiffness/Arthritic symptoms	Notes: Taking multi-vitamin. nausea when taking s
2.	Decreased Libido	
3.	Redness on face (inflammation)	
4.	Fatigue, esp in afternoon	
5.	Fat around abdomen	

Response Question

<input type="text" value="0"/>	1 – Alcohol
<input type="text" value="1"/>	2 – Artificial sweeteners
<input type="text" value="1"/>	3 – Candy, sweets, sugary snacks, deserts, refined sugar
<input type="text" value="1"/>	4 – Carbonated beverages
<input type="text" value="0"/>	5 – Chewing tobacco
<input type="text" value="0"/>	6 – Cigarettes
<input type="text" value="0"/>	7 – Cigars / Pipes
<input type="text" value="1"/>	8 – Coffee and caffeine containing foods and beverages
<input type="text" value="1"/>	9 – Fast foods
<input type="text" value="1"/>	10 – Fried foods
<input type="text" value="0"/>	11 – Luncheon meats
<input type="text" value="3"/>	12 – Margarine
<input type="text" value="3"/>	13 – Milk products
<input type="text" value="0"/>	14 – Radiation exposure (0 = no, 1 = yes)

0=No, Does not apply 1=Yes, Mild, occurs monthly 2=Moderate, occurs weekly 3=Severe,

On this page you input the responses your patients put on their questionnaire.