

Patient Label



Lifestyle

Occupation _____

More than one job?

Is your work a source of fulfillment?

What would you change?

Home Life _____

Rewarding?

Meals

Describe your meals. (e.g. Fast-food, home cooked, organic, on the run, seated at a table, soda,)

Snacks

What do you eat for snacks?

Sleep

Describe sleep patterns. Dreams?

Non-work related Screen Time (TV, iPad, etc.)

Time of day?

Physical Movement (exercise, etc.)

What behaviors or lifestyle habits do you currently engage in regularly that you believe support your health?

Please list

What behaviors or lifestyle habits do you currently engage in regularly that you believe are self destructive lifestyle habits? Please list.

Do you foresee any potential obstacles to recommended lifestyle changes?

