

## PATIENT ASSESSMENT FORM

### 1. Personal Information

Name - \_\_\_\_\_  
Age - \_\_\_\_\_  
Gender - \_\_\_\_\_  
Occupation (To understand physical activity at work) - \_\_\_\_\_  
Contact Number (With Whatsapp) - \_\_\_\_\_  
Email ID - \_\_\_\_\_



### 2. Clinical Assessment

Blood Pressure (BP) - mmHg \_\_\_\_\_  
Pulse Rate - bpm \_\_\_\_\_

### 3. Biochemical/Laboratory Assessment (Blood Sugar - if any)

Fasting Blood Sugar (FBS) - mg/dL \_\_\_\_\_  
Postprandial Blood Sugar (PPBS) - mg/dL \_\_\_\_\_  
HbA1c - % \_\_\_\_\_

### 4. Physical Measurements (Anthropometrics)

Current Weight (Kg) - \_\_\_\_\_  
Height (Cm / Ft) - \_\_\_\_\_  
Waist Circumference (To check for abdominal obesity) - \_\_\_\_\_

### 5. Medical History

Chronic Diseases (e.g: Diabetes, Hypertension, Thyroid, PCOS / PCOD, Kidney issues, Uric acid) - \_\_\_\_\_  
Past Surgeries (If any) - \_\_\_\_\_  
Family Medical History (History of Heart disease / Cancer / Diabetes) - \_\_\_\_\_  
Current Medications (List of all medicines or supplements currently being taken) - \_\_\_\_\_  
Digestion Quality (Good / Constipation / Bloating / Acidity) - \_\_\_\_\_



## 6. Lifestyle & Activity Level

Activity Type (Sedentary / Lightly active / Moderately active / Very active) -

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Exercise Routine (Minutes per day and type of exercise) -

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Sleep Timing (Bedtime, Wake up time) -

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Stress Levels (Low / Medium / High) -

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Mental Well-being (Anxiety / Irritability / Calm) -

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## 7. Dietary Habits

Food Preference (Veg / Non-veg / Vegan) -

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Daily Water Intake (In liters or glasses) -

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Allergies (Specific food allergies like Dairy, Gluten, Nuts, etc) -

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Preferred Taste (Sweet / Salty / Sour / Bitter / Spicy) -

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Caffeine Consumption (Cups of tea / Coffee per day) -

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## 8. Clinical Reports (Required)

Please provide recent blood test reports (if available). E.g., CBC, Fasting sugar, Lipid profile, Creatinine.

\*\*All information shared by you will remain strictly confidential and secure.