

## 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) -

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

Sleep Timing (Bedtime, Wake up time) -

Stress Levels (Low / Medium / High) -

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

## 7. Dietary Habits

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

Daily Water Intake (In liters or glasses) -

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

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

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

## 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.**