

Marcela A. Bonafina, Ph.D – Tell us about you.

NAME (First, Last, Middle)

ADDRESS (Street, City, State, Zip code)

TELEPHONE

____(____)_____-_____

SEX

M____ F____ Height____ Weight____

AGE____ Date of Birth _____

ETHNIC BACKGROUND

1. ____ White, not of Hispanic background
2. ____ Black, not of Hispanic Background
3. ____ Hispanic
4. ____ American Indian/Alaskan native
5. ____ Asian
6. ____ Pacific Islander

MARITAL STATUS

1. ____ Single
2. ____ Married
3. ____ Widowed
4. ____ Divorced/Separated

MEDICAL HISTORY

Have you ever been told by a doctor that you had any of the following conditions?

NO YES DON'T KNOW

1. Diabetes (Type I or II) ____ ____ ____
2. Kidney Disease ____ ____ ____
3. Heart disease or angina ____ ____ ____
4. High blood pressure ____ ____ ____
5. Stroke ____ ____ ____
6. Overweight/obesity ____ ____ ____
7. Diverticulosis ____ ____ ____
8. Cancer ____ ____ ____

If yes, what kind?

9. Chronic constipation ____ ____ ____

10. High cholesterol ____ ____ ____

11. Other serious illnesses ____ ____ ____

If yes, explain.

FAMILY HISTORY

Has anyone in your family been diagnosed with any of the diseases listed above? YES ____ NO ____ If yes, explain.

GENERAL INFORMATION

Do you take vitamins/minerals or herbal supplements? YES ____ NO ____ If yes, list.

Here is a list of activities that people may do in their free time. How frequently do you do any of these things?

Once a week A few times a month A few times a year

1. Walking more than 20 minutes
at a time. ____ ____ ____
2. Active sports ____ ____ ____
3. Jogging or running ____ ____ ____
4. Swimming ____ ____ ____
5. Gardening, fishing, hunting ____ ____ ____

Are you currently on a special diet? YES ____ NO ____

If yes, explain.

How many times a week do you eat out? _____

Have you lost or gained any weight recently? YES ____ NO ____

If yes, explain.

List any medications you are currently taking.

Please list any concerns or information you would like to discuss that have not been addressed above.
