

# Better Health, DC, MD. Lifestyle Survey

## Contact Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Other \_\_\_\_\_ Best time to call: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

I work at: \_\_\_\_\_

My hobbies are: \_\_\_\_\_

On a scale of 1-10 (10 being the highest), I consider my daily stress to be: \_\_\_\_\_

Health Concerns: \_\_\_\_\_  
\_\_\_\_\_

Do you eat 5-10 servings of fruits and vegetables every day?      Y              N

Do you drink ½ your weight in ounces of water every day?      Y              N

Do you exercise – what type, how often? \_\_\_\_\_

Do you take vitamins – what kind and for what reason? \_\_\_\_\_  
\_\_\_\_\_

## Family Information

Spouse: \_\_\_\_\_

Children: (ages) \_\_\_\_\_

Family history of diseases?: \_\_\_\_\_

## Practice Information

I would like to receive more information on: Nutrition: \_\_\_\_\_ Natural Hormones: \_\_\_\_\_

The best times for me to attend a health-related lecture at this office are:

Mornings – 9:00-10:00      Afternoons – 1:00-2:00      Evenings – 6:00-7:00

Precision Health can better serve my needs by: