

Name _____

D.O.B. _____ Height _____ Weight _____

What is your phone number _____ What is your email Address _____

Best time to call you _____

Smoker Cigarettes YES NO Marijuana Yes No if yes how many cigarettes do you smoke a week? _____ is this recreational or medical _____ Do you eat Marijuana Yes what is your consumption in MG _____

Drug Name ONLY LIST DRUGS THAT ARE PRESCRIBED BY DOCTOR	Dosage	For what medical reason	Date of onset of medical issue

Diabetes – If you have Diabetes? What is the most recent A1C? _____

A1C is a measurement of your blood sugar.

What age were you diagnosed at? _____

When was your last date you had your A1C checked _____

Do you have Type 1 or Type 2 diabetes? _____

Are you taking insulin or pill? _____

What is your blood pressure _____

Kidney problems do you know your protein over creatinine ratio? Is your liver giving off Protein?
Is this chronic Creatinine?

Cancer only your PSA number _____

Heart Attack _____ What year _____ Any complications _____

Stroke _____ What year _____ Any complications _____