

# Health and Lifestyle Questionnaire

Please answer the following briefly:

- Last Medical Physical
  
- Surgeries
  
- List Medications Past
  
- List Medications current
  
- Eating Habits
  
- Sleeping Habits
  
- Diet Drinks/Coffee
  
- Drinking Pure Water Daily
  
- Daily consumption of Wine/Alcohol/OTC Meds/Cigarettes
  
- Type of Physical Activity/Exercise Plan
  
- Environmental Pollution
  
- Stress
  
- Work and Play Ratio %