

Wellness Assessment

Name: _____ Date: _____

Birthdate: _____ Gender: _____ Height: _____ Weight: _____ BMI: _____

PHYSICAL ACTIVITY

How much physical activity do you do per week? _____

- Patient advised on physical activity.
- Patient given educational literature on physical activity.

ALCOHOL ASSESSMENT

Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

Do you consume any alcoholic beverages? _____
 If the answer is "No" you may skip the remainder of this section)

WOMEN: How many times in the past year have you had more than 4 drinks in a day? _____
 MEN: How many times in the past year have you had more than 5 drinks in a day? _____

- Patient advised on health effects of alcohol consumption.
- Patient given educational literature on concerning alcohol intake and health.

SMOKING ASSESSMENT

Do you smoke? _____

- Patient advised on health effects of smoking, given advice to quit.
- Patient given educational literature concerning smoking and health.

NUTRITIONAL ASSESSMENT

How many times a week do you eat the following?

Candy _____ Sweets _____ Soda _____ Fried Foods _____ Caffeinated Beverages _____
 "Fast" Foods _____ Milk Products _____ Vegetables _____ Meats/Fish _____
 Breads/Cereals _____

- Patient was advised on nutrition
- Patient was given educational literature concerning nutrition