Personal & Confidential Antioxidant Health Assessment

Health: Education, Income, Discipline **Disease:** Inflammation & Oxidative Stress

Prevention through Nutrition: "The amount of antioxidants that you maintain in your body is directly proportional to how long you will live." Dr. Richard Cutler NIH

Name _____ **Date** _____

Phone _____ **Email** _____

Allergies / Medications: _____

What is your # 1 Health Concern? _____

How are you addressing it? _____

Do you feel what you are doing is working? _____

How many servings of fresh fruits & vegetables do you eat daily? _____

Are you at your Ideal Weight? _____

How often do you exercise for thirty minutes or more a day? 2/wk 4/wk 6/wk

How often you smoke? Never Daily Weekly

Supplementation Assessment

Do you take supplements? _____ Why or why not? _____

If yes, how did you select your supplements? _____

Estimated monthly supplement cost? _____ Are your supplements working? _____

How do you know? _____

Besides your number one health concern, please circle any additional concerns you may have:

Bone and Joint Strength	*Immune System*	*Premature Aging*
Cancer	*Inflammation*	*Sleep Patterns*
Diabetes	*Mental Acuity*	*Stress*
Energy	*Mood Swings*	*Vision (AMD?)*
Heart Disease	*Periodontal Health*	*Weight Issues*

Commitment to Care

Low Commitment Medium Commitment High Commitment Just Don't Know

hcpn ALLIANCE Prioritizing Prevention