

Alcohol consumption

- Non-drinker
- Moderate drinker
- Heavy drinker

Smoking status

- Non-smoker
- Former smoker
- Current smoker

Physical activity

- Sedentary
- Light exercise (1-2 times/week)
- Moderate exercise (3-4 times/week)
- Regular exercise (5+ times/week)

Current symptoms

- Fatigue
- Shortness of breath
- Chest pain or discomfort
- Persistent cough
- Fever or chills
- Unexplained weight loss
- Other (specify): _____

Vital signs

- Systolic blood pressure: _____ mmHg
- Diastolic blood pressure: _____ mmHg
- Heart rate: _____ beats per minute
- Respiratory rate: _____ breaths per minute
- Temperature: _____ degrees Celsius/Fahrenheit

Physical examination

- Height: _____ cm/inches
- Weight: _____ kg/pounds
- Body Mass Index: _____
- Waist circumference: _____ inches/cm

Laboratory tests (if applicable)

- Complete Blood Count (CBC)
- Lipid Panel
- Blood Glucose
- Urinalysis
- X-ray
- MRI
- CT scan
- Other (specify): _____

Other findings

Recommendations

Additional notes