

## Health Questionnaire

Name:	Name:
Mortgage:	Mortgage:
Mortgage length:	Mortgage length:
Monthly payment:	Monthly payment:
DOB:	DOB:
Smoker: Yes or No	Smoker: Yes or No
Surgeries:	Surgeries:
Health conditions: (if diabetes, find out if diagnosed before age 35 and if insulin or oral meds or neuropathy)	Health conditions:
Height:                      Weight:	Height:                      Weight:
Medications:	Medications:
Time to meet:	Time to meet:
Email:	Email:
Directions:	Directions:
Other notes:	Other notes: