

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 on a daily basis? 1-2 3-5 6-9 10+

Do you consider yourself at your Ideal Weight? _____

Please circle how often you exercise for thirty minutes or more a day? 2/wk 4/wk 6/wk

Please circle 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? _____

Monthly supplement cost? _____ Are your supplements working? _____

How do you know? _____

Please circle any additional concerns you may have or want to avoid

Cancer	Bone and Joint Strength	Premature Aging	Stress
Alzheimer's/dementia	Inflammation	Sleep Patterns	Weight Issues
Diabetes	Mental Acuity	Energy Levels	Mood Swings
Vision (AMD?)	Heart Disease	Periodontal Health	Immune Function

Commitment to Care: Are you willing to resolve your concerns?

Low Commitment Medium Commitment High Commitment Just Don't Know

How much are you willing to invest in your health per day? \$2 \$5 \$7 \$10+