



RISK MANAGEMENT DOCUMENT

“If we could give every individual the right amount of nourishment and exercise... we would have found the safest way to health.” – Hippocrates

Our risk management document is our way of getting to know you. Please fill out all the questions below to the best of your knowledge. This will help your PATH health consultant in setting you up with a health action plan tailored to your personal needs.

Overall Health:

1. How would you describe your present state of health?
____ very healthy ____ healthy ____ unhealthy ____ other

Please explain:

2. Do you have or have you had any medical conditions that I should know about?
Please list them and when they occurred.

3. Are you taking any prescription medications? Please list them and why you are taking them.

4. Are you taking any over the counter medications? Please list them and why you are taking them.

5. Do you have any allergies? Please list them below.

Nutrition:

1. Do you drink soda? YES / NO If so how much a day? _____
2. On a scale from 1-10 (10 being the highest) how would you rate your diet? _____
Please Explain you answer

3. Over the last 24 hours how many servings of “highly processed” foods have you consumed? (highly processed foods are manufactured products that are designed to have a long shelf-life through the addition of preservatives, coloring, additives and flavorings.) **Please circle one**
 0-3 3-6 6-9 10+ UNSURE
4. Over the last 24 hours how many servings of fruits did you eat? _____
5. Over the last 24 hours how many servings of vegetables did you eat? _____
6. What food/s do you avoid? _____
 Why? _____

Fitness:

1. How would you rate your overall fitness? **Please circle one**
 LOW MODERATE HIGH
2. Do you do moderate intensity exercise? _____
 (Moderate intensity would be describe as exercise that brings your heart rate to 50% of over maximum, and example is walking at a brisk pace)
 If so how many times a week and how long on average each time?

3. Do you do vigorous intensity exercise? _____
 (Vigorous intensity exercise is exercise that brings your heart rate over 65% of your heart rate maximum. An example would be running)
 If so how many times a week and for how long on average each time?

4. Do you do muscle building activities? _____
 If yes how often: _____
5. Do you do flexibility building activities?
 If yes how often: _____
6. Would you describe your current job as stationary? _____

Stress Management

1. How would you rate your overall stress? Please circle one
 LOW MODERATE HIGH
2. Does stress influence your life in a negative way? _____
 If yes how often? _____
3. Are your physically exhausted from mental stress? _____
4. Does stress interfere with your ability to sleep? _____
5. Does stress interfere with your relationships? _____

Sleep:

1. How much do you sleep on average a night? _____
2. On a scale of 1-10 how would you rate your sleep? (10 being the highest) _____
3. Are you frequently tiered during the day? _____
4. Do you nap during the day? _____
5. Do you wake frequency at night? _____
 If so on average how much?
6. Do you have trouble falling asleep? _____