

Physician Report

Intel Health Information

About Mayo Clinic Health Assessment: Information for your physician

The information in this form was gathered as part of an Online Health Assessment provided by Mayo Clinic which you completed on September 14, 2010. We have formatted it in standard medical format for ease of use by your physician. Please confirm the information with your physician before acting on it medically.

First name: **Roberta**
Last name: **Roberts**
Date of birth: **April 29, 1965**
Age: **45 years**
Gender: **Female**

Personal perception of my overall health (Excellent, Very Good, Good, Fair, Poor):
Very good

Date entered: September 14, 2010

Reason for visit: Please state briefly for your physician:

Conditions:

Allergies, High blood pressure (hypertension)

Medications: Please list your current medications (prescription and over-the-counter):

Medication name	Strength	How often taken
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Allergies: Please list any medications or substances you are allergic to:

Social History/Habits:

Alcohol

Do you currently drink alcohol: **Yes**

Glasses of wine per week: **1**

Cans or bottles of beer per week: **0**

Mixed drinks or shots per week: **0**

Nutrition

Servings of fruit on a typical day: **Three**

Servings of vegetables on a typical day: **Four**

Level of fat in diet: **Medium**

Tobacco

Cigarettes: **No**

Cigars or pipes: **No**

Snuff or chewing tobacco: **No**

Exercise

Light activity minutes per week: **90**

Moderate activity minutes per week: **30**

Vigorous activity minutes per week: **10**

Safety

How often do you wear a seatbelt: **Always or almost always**

How close to the speed limit do you usually drive: **Within 5 mph of the speed limit**

How many times in the last month did you drive or ride in a motor vehicle when the driver may have had too much to drink: **Never**

How often do you wear a helmet when riding a bicycle or motorcycle: **Don't ride bicycles or motorcycles**

How often do you wear a sunscreen with an SPF 15 or higher: **Sometimes**

Working smoke detector in your home: **Yes**

Working fire extinguisher in your home: **Yes**

Emotional Health

Stress level (on a scale of 1-5, 1 being lowest, 5 being highest): **5**

Exam/Biometrics:

Height:	5 feet 6 inches	Glucose:	85 mg/dL 4.72 mmol/L (Fasting: Yes)
Weight:	189 pounds 85.7 kilograms	Cholesterol:	135 mg/dL 3.49 mmol/L
Body Fat Percentage:	34.6 %	LDL:	78 mg/dL 2.02 mmol/L
BMI:	30.5 kg/m ² HH	HDL:	43 mg/dL 1.11 mmol/L
Blood pressure:	Unknown	Triglycerides:	69 mg/dL 0.78 mmol/L (Fasting: Yes)

Key:

H = High L = Low HH = Very High LL = Very Low

Identified Risk Areas:

Blood Pressure, Emotional Health, Exercise, Nutrition, Safety, Weight

Recommendations from your physician:

Possible screening updates to discuss with your physician:

<p>Immunizations you've had:</p> <hr/> <p>Flu (during most recent flu season)</p> <p>Tetanus (within last 10 years)</p> <p>Hepatitis B</p> <p>Immunizations you haven't had:</p> <hr/> <p>Pneumonia</p>	<p>Cancer Screenings you've had:</p> <hr/> <p>Pap test</p> <p>Cancer Screenings you haven't had:</p> <hr/> <p>Mammogram</p>
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Alerts to discuss with your physician:



Your Body mass index (BMI) is considered obese. If this value is correct, talk with your doctor about it at your next visit.