

- **Do you have any allergies?** Yes No **If so, what are they?**

Please answer the following questions about lifestyle habits

Do you currently:

- | | | | |
|---------------------------|-----|----|------------------------------------|
| Drink caffeinated drinks? | Yes | No | If yes, # of drinks per day? _____ |
| Use tobacco products? | Yes | No | If yes, # times per day? _____ |
| Use cannabis? | Yes | No | If yes, # times per week? _____ |
| Take recreational drugs? | Yes | No | If yes, # times per week? _____ |

Have you seen another physician in the last 12 months regarding medical marijuana use? (if so, please provide details) _____

Please answer the following questions about safety habits

Do you currently:

- | | | | |
|---|-----|----|-----------------|
| Wear sunscreen when you are outside? | Yes | No | Comments: _____ |
| Wear seatbelts when you are in a vehicle? | Yes | No | Comments: _____ |
| Wear helmets when you ski/snowboard? | Yes | No | Comments: _____ |
| Avoid talking on the cellphone while driving? | Yes | No | Comments: _____ |
| Avoid texting while driving? | Yes | No | Comments: _____ |

Please answer the following questions about preventative health

Do you currently:

- | | | | |
|--|-----|----|-----------------|
| See an eye doctor regularly (at least every 2 years)? | Yes | No | Comments: _____ |
| See a dentist regularly (at least yearly)? | Yes | No | Comments: _____ |
| Eat 2-4 servings of dairy (or equivalent) per day? | Yes | No | Comments: _____ |
| Take at least 1000IU of Vitamin D per day? | Yes | No | Comments: _____ |
| Take at least 0.4mg of folic acid per day(women only)? | Yes | No | Comments: _____ |
| Eat fish at least 3 times per week? | Yes | No | Comments: _____ |
| Limit the amount of fat you eat? | Yes | No | Comments: _____ |
| Limit the amount of salt you eat? | Yes | No | Comments: _____ |

- **Are you currently experiencing any verbal, emotional, or physical abuse? If so, please explain:**

- **Are you familiar with the Alberta Organ Donor Registry? If not, would you like information on how to become a donor?** _____

- **Have you designated anyone to make medical and/or legal decisions for you if you become unable to so?** _____

- **Have you checked your home for radon gas levels?** _____