

Patient Lifestyle Evaluation Check

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Insert Patient Name],

We are conducting a lifestyle evaluation to better understand your health and wellbeing. Please take a moment to provide us with the following information:

Health Habits

- Do you smoke? (Yes/No)
- How often do you consume alcohol? (Daily/Weekly/Rarely/Never)
- How many hours of sleep do you get on average each night?

Physical Activity

- Do you engage in regular exercise? (Yes/No)
- If yes, how many times a week do you exercise?
- What type of exercise do you prefer? (e.g., walking, running, gym, yoga)

Dietary Habits

- Do you follow any specific diet? (Yes/No)
- If yes, please specify:
- How many servings of fruits and vegetables do you consume daily?

Thank you for your cooperation!

Sincerely,

[Your Name]

[Your Position]

[Healthcare Facility Name]