**MEDICAL DETAILS**

NAME : FAFOURNOUX Gilles AGE 60 Male

1. PRESENT ILLNESS:

 List of present health problems with duration of each:

|  |  |  |
| --- | --- | --- |
| NO | DESCRIPTION | DURATION |
| 01. | Prostate | 7 years |
| 02. | unbalance | 12 years |
| 03. | Knees | 10 years |
| 04. | sleep | 15 years |
| 05. | Anxiety | Always |
| 06. | overweight | 10 years |

1. A BRIEF DESCRIPTION OF PRESENT ILLNESS :

**no currently known disease, except those described in the table above**

 How it started and progressed:

1. DETAILS OF MEDICAL INVESTIGATIONS DONE, IF ANY:
2. DETAILS OF TREATMENTS DONE IF ANY:
3. CURRENT MEDICATION :
4. ALLERGIES IF ANY :
5. STATE OF DIGESTION :

|  |  |  |  |
| --- | --- | --- | --- |
| APPETITE  |  |  | MORE  |
|  |  |  X |
| BOWEL HABITS | REGULAR  |  |  |
|  X |  |
| URINE QUANTITY | ADEQUATE  |  |  |
|  X |  |  |
| SLEEP  |   | DISTURBED  |  |
|  |  X |

|  |  |
| --- | --- |
| Married |  |
|  X |  |

1. MARRITAL STATUS

10 DIET

|  |  |  |  |
| --- | --- | --- | --- |
| DIETARY HABITS |  | NON VEGETARIAN |  |
|  |  X |
| MODE OF INTAKE | REGULAR |  |  |
|  X |  |
| ADDICTIONS IF ANY  |  SMOKING |  | OTHERS |
| stop smoking October 2018 |  |  Vapote |

1. Other important information if any :

 Nibbling at night

**Daily routine Underline Your Answer**

Get up from bed at 09h00 / without alarm

Are you rested, happy and alert? Varies

I go to sleep at ……23h00……….... Do you fall asleep easily? No

Du you usually sleep all night without interruptions? No

Do you sleep daytime ? Yes Nap 01:00 after lunch

Do you put aside time for yourself every day? Yes

Do you practise any form of relaxation or meditation? Yes

**Apetite – digestion – bowel movement**

Do you empty your bowel daily without difficulty? Yes

At what time? Early morning And After breakfast

Is the stool often: soft saddle

Do you sometimes have altering constipation – No

Do you have gases or swollen stomach Yes

Do you drink something directly when you get up Yes (01 liter water before breakfast )

Do you feel real hunger – before breakfast? Varies

 before lunch? No

 before dinner? Yes

Do you often feel the urge for something in between meals? No

Do you usually eat even if you are not really hungry? Yes

Do you feel heaviness, drowsiness or tired after eating Yes after lunch

What are your common mealtimes Regular

Breakfast at ………09H30………………...... Lunch at……………12H30……………..

Dinner at………20H00………………In between meals ………After dinner.….. ….…….. ….…..….

**What do you usually eat** (take the last few days as an example)

Brekfast… Fruit + dry fruit + Café

Lunch… vegetables in salad + fish or egg a few times meat

Dinner… Cooked vegetables + rice or pasta

Snacks… Fruits

What do you drink with food? Water

 Between meals? Fruit + dry fruit

If you drink coffee – how many cups a day? 03

Is it something that you do not like or do not feel well of?

Fat or fried food. NO

Tastes: Sweet salt pungent

Other ……………………………………………….…………………………………………

Is there something you especially like ? NO

What kind of sweets do you usually eat? icecream chocolate fruit

Is this with meals or separate? Separate occasionally

Do you regularly use: meat fish egg (olive oil + coconut oil)