Family Health History:				
□ Cancer	☐ Heart Disease	□ Diabetes	□ Other:	
Please list any surgeries, operations, traumas, car accidents, etc				
What are your hobbies:				
Commitment Level to your health: How serious are you about improving your health?				
□ Very serio	us 🗆 Serious	□ Moderately	/ interested	□ Other:

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