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## HEALTH BACKGROUND INFORMATION

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1. Do you smoke cigarettes, cigars or other tobacco products? No  Yes   
If yes, what and how frequent? \_\_\_\_\_
2. Do you consume alcohol? No  Yes   
If yes, what and how frequent? \_\_\_\_\_
3. Have you diagnosed with any heart or blood disease? No  Yes   
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
4. Do you take medicines related to any heart or blood disease? No  Yes   
If yes, please explain: \_\_\_\_\_
5. Have you diagnosed with diabetes? No  Yes   
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
6. Do you take medicines related to diabetes? No  Yes   
If yes, please explain: \_\_\_\_\_
7. Have you diagnosed with any skin disease (like eczema)? No  Yes   
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
8. Do you take medicines related to any skin disease? No  Yes   
If yes, please explain: \_\_\_\_\_
9. Have you diagnosed with any other disease of note? No  Yes   
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
10. Do you take medicines other than mentioned above? No  Yes   
If yes, please explain: \_\_\_\_\_