

Harmony Form

Site: Pav YMCA

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First Name:	Last Name:	Gender:	Date of Birth:
Do you make under \$15,000:	Ethnic Race:	Lives Alone:	Home Phone Number:
Home Address:			
City:		Zip Code:	

Nutritional Risk Survey

	Y/N
I have an illness or condition that has made me change the amount of food I eat:	
I eat less than two meals a day:	
I eat few fruits and vegetables:	
I eat few milk, cheese & dairy items:	
I don't always have enough money to buy the food I need:	
I have tooth or mouth problems that make it hard for me to eat:	
I eat alone most of the time:	
Without wanting to, I have lost or gained ten pounds in the last six months:	
I am not always physically able to shop, cook and/or feed myself:	
I have three or more drinks of beer, liquor or wine almost everyday:	
I take three or more different prescribed or over the counter drugs a day:	

Doctor's Name:	
Doctor's Phone Number:	

Emergency Contact:	
Emergency Phone Number:	

Signature of Participant: _____ **Date:** _____

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