

# GUIDE TO LIVE HEALTHY LIFE LONG & ALWAYS

## DIET

Calcium Intake 1200-1500 mg Daily  
Vit D 400-800 IU/Day

## BLOOD INDICATORS

HemoGlobin Level- 12 Gm%

## EXERCISE

Aerobic Exercise- 30 Minutes 5 times a week, Weight Bearing/Resistance Exercise- 20min /Day, 2-3 Days a week.

## VITAL STATS

WHR ( Waist Hip Ratio- 0.8-Women) or absolute 34 inches , BMI- 19-23 Ideal

## BREAST CANCER SCREENING

- Breast self examination
- Clinical examination - every year
- Mammography - more than 40years age- every 2 years

## MENOPAUSE RATING SCALE

- Hot flushes,sweating ( episodes of sweating)
- Heart discomfort (unusual awareness of heart beat , heart skipping , heart racing , tightness)
- Depressive mood(feeling sad , down on the verge of tears,lack of drive, mood swings)
- Irritability( feeling nervous, inner tension, feeling aggressive)
- Anxiety( inner restlessness, feeling panicky)
- Sexual problems( change in sexual desire, activity and satisfaction)
- Physical and mental exhaustion (general decrease in performance, impaired memory , decrease in concentration, forgetfulness, fatigue , headache, dizziness)
- Bladder problems( difficulty in urinating, increase in frequency,bladder incontinence)
- Dryness of vaginal (sensation of burning or dryness in vagina,difficulty in sexual intercourse)
- Joint & muscular discomfort (joint pain, muscle pain, backache)

According to WHO standards, the degree of severity are consistent with

No problem/None	absent negligible	0-4%
Mild problem	slight low	5-24%
Moderate problem	medium fair	25-49%
Severe problem	high extreme	50-95%
Complete problem	total	95-100%



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## Mid Life - Nu Life Clinic

Name of Dr. : \_\_\_\_\_

Address of Dr. : \_\_\_\_\_

S.no: \_\_\_\_\_

Patient Name : \_\_\_\_\_

Age : \_\_\_\_\_

Address of Patient : \_\_\_\_\_

Religion : Hindu / Sikh / Christian / Muslim

Ph. Mobile : \_\_\_\_\_

PERSONAL DETAILS

Name
Age
Menarche (age )      Menopause (age)
Marital status
Menstrual formula
Obstetric history
Address & mail
Email id
Mobile number
Emergency contact number
Allergic to

LIFE STYLE HISTORY

History of alcohol intake > 2 drinks
Smoking
Caffeine
Exercise
Diet calcium
Vitamin D intake
Medication history if any
Steroid intake if any and dose

GENERAL PHYSICAL EXAMINATION

Physical
Height
Weight
BMI
B.P.
WHR ( WAIST HIP RATIO)
Gait
Any other

LOCAL EXAMINATION

Breast
Vulva
Vagina
P/S
P/V
Gynae TVS
General

PAST HISTORY

NIDDM
Hypertension
Heart problem
Fragility fracture
Rheumatoid arthritis
Cancer breast
Cancer ovary
Any other cancer
Thromboembolic phenomenon
Asthma/thyroid disorder/gall stones
Eye problem
Joint aches and pains
Hot flushes
Mood disturbances
Urogenital problems
Menstrual problems
Hearing loss
Memory loss/alzheimer

FAMILY HISTORY

NIDDM
Hypertension
Heart problem
Fragility fracture
Rheumatoid arthritis
Cancer breast
Cancer ovary
Any other cancer

BASE LINE INVESTIGATIONS

Hemoglobin
LIPID PROFILE
HDL                                      CHOLESTEROL TOTAL
TRIGLYCERIDES                      LDL
Blood sugar (F)
Blood sugar (PP)
Dexa scan
BMD (TZ SCORE)
Pap smear (LBC)/HPV HR
Ultrasound
Mammography

TOGETHER LETS  
FIGHT CANCER

