

Prescreening Answers

Q1: Have you experienced any recent changes in your health or symptoms that may be causing you concern?

Answer: no

Q2: Do you have a history of high blood pressure or heart conditions that could be contributing to your current symptoms?

Answer: yes

Q3: Have you noticed any changes in your energy levels or appetite that may be related to your current condition?

Answer: yes

Q4: Are you currently taking any medications or supplements that could be affecting your blood pressure or heart health?

Answer: yes

Q5: Have you recently been under any significant stress or experienced any traumatic events that could be contributing to your symptoms?

Answer: yes