

EZCURE's diabetes community is growing, and we are happy to onboard you.

**Hi, Rakesh**

Male, 38

[Edit Profile](#) →

Self Care



It seems we don't have your health details to show up. Kindly fill up few forms and we will build your report card

[Start Selfcare Journey](#)**₹2,999****3 month care plan**

Current Plan

[Modify Plan](#)

My Care Team

**Dr. Yogi Anand Raj****Yoga Trainer**[Start Consultation](#) →**Amara da Daknes****Dietician**[Start Consultation](#) →

Program



Shop



Messages



My Profile



My self care journey

1



Vitals

Calculate your BMI base on your core height and weight.

2



Medical History

Answer some basic questions of your medical history

3



Food Habits

Your food habit will help us plan your diet.

4



Activity Habits

Your activity habits will help us plan your daily exercise.

Our health experts will use your information to customize your diet plan and physical activity.

Rest assured your details are secure with us.

Let's Begin



Vitals

Mention your height *

5 Ft



10 Inches



Mention your weight *

121 Kgs



Your BMI

25.6

You are slightly overweight

Blood Pressure (mmHG) *

Systolic

190



Diastolic

94



Heartrate *

94

Blood Glucose (gm/DL) *

175

Continue



1 2 3 4

Medical History

Do you have any existing disease? *

☒ Yes☐ No

Q | Search the diseases

Hypertension ✕

Chronic Renal Failure ✕

Asthma ✕

Asthma ✕

Cerebral Disorder

Backjoint Stream

Do you have any symptoms? *

☐ Yes☒ No

Did you have any major surgery in the past? *



Q | Search the surgeries

Knee replacement ✕

Stone removal ✕

Coronary artery bypass ✕

Do you have allergy to any medications ? *

☐ Yes☒ No

Do you have allergy to any food, chemicals or weather ? *

☐ Yes☒ No

Do you smoke/use tobacco? *

☐ Yes☒ No

Do you drink alcohol? *

☒ Yes☐ No

Number of glasses *

Example: 1

Per Week ▼

Are you taking any diet/nutrition supplements currently? *

☒ Yes☐ No

Q | Search for supplements/nutrition

Niacin ✕

Are you taking any medications currently? *

☐ Yes☒ No

Continue



1 2 3 4

Food Habits

What is your Food type *

**- Vegetarian**

How is your hunger appetite? *



Very Good

Good

Okay

Poor

Do you have any digestive problem? *



Yes

No

Q | Search for problem

Bloating of amdoment ✕

Gas

Burning Sensations

Intestinal Issue

Do you avoid any foods? *



Yes

No

Q | Search for problem

Potato ✕

Brinjal ✕

What time do you eat daily/mostly? *

Breakfast

Lunch

09:00 AM



01:00 PM



Evening Snacks

Dinner

No Snacks



08:00 PM



What food items do you prefer in your meals?

Q | Search the food items

Chapati ✕

Vegetable Curry ✕

Rice ✕

Daal ✕

Poha ✕

Upma ✕

Have you ever advised or practiced a weight loss program?

Yes

No

Which food items do you often eat away from home?



Q | Search the food items

Pizza ✕

Burger ✕

How ready I am to change my eating habits to reverse my type 2 diabetes?

Very ready

Sort of ready

Not sure

Not ready

Is my family ready to support me to change my diet habits for my Type 2 Diabetes reversal?

Very ready

Sort of ready

Not sure

Not ready

How concerned I am about my weight?

Somewhat Concerned

Very concerned

Not much concerned

Continue



1 2 3 4

Activity Habits

What is your occupation? *



 | Search the Occupation

Private Job ✕

Part-time Agent ✕

Do you do any physical activity? *

Yes

No

 Search activities

Jogging ✕

Walking ✕

Weight Lifting ✕

Yoga

Strength Training

Household Work

How many minutes or hours are you physically active/ day? *

5 mins or less

5-10 mins

10-30 mins

60+ mins

30-60 mins

Do you sit for a long time? *

Yes

No

How long do you sit per day? *

5 mins or less

5-10 mins

10-30 mins

60+ mins

30-60 mins

What time do you go to sleep daily? *

12:00 AM



How many hours do you sleep daily? *

8 Hours



Do you have any disturbed sleep?

Yes

No

How ready I am to become physically active?

Very ready

Sort of ready

Not sure

Not ready

Is my family ready to support me to change my activity habits for my Type 2 Diabetes reversal?

Very ready

Sort of ready

Not sure

Not ready

Done

**Great!**

Thank you for your effort. Here is your quick summary.

Diabetes Type 2**141** /160 mg/dl

▲ 3.2%

Blood Sugar

**80** /120 mmHg

▼ 1.6%

Blood Pressure

**25.6**

▲ 20.2%

Body Mass Index

**92 Kg**

Body Weight

**94 bpm**

Heart Rate

You are slightly over weight[Modify Body Vitals](#)**Medical History**

Existing Disease

2

Symptoms

No



Past Surgeries

3

Knee replacement

Stone removal

Coronary artery bypass

Food Habits

Thanks for filling out the food habit details. Our experts have them now.

We will shortly assign you a care team and you can connect with them for your new diet plan.

Food Habits

Thanks for filling out the food habit details. Our experts have them now.

You can connect with them for your new Diet

**Amara da Daknes**

Dietician

[Book Consultation](#) →**Activity Habits**

Thanks for filling out the activity details. Our experts have them now.

You can now join our upcoming sessions.

**Manish Agrawal****Loose belly fat in 6 months.**

Oct 22, 10:30 AM

[Book Now](#)**Ayo****Selectiv
reverse**

Oct 22, 10:3

[Book Now](#)

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You are slightly over weight

[Check Health Report](#)**₹2,999****3 month care plan**

Current Plan

[Modify Plan](#)**My Care Team****Dr. Yogi Anand Raj**

Yoga Trainer

[Book Consultation](#) →**Amara da Daknes**

Dietician

[Book Consultation](#) →



Current Plan

**₹2,999****3 month care plan**

Validity

16 June, 2022 to 16 Sep, 2022

Benefits

- Get started on your diabetes reversal journey.
- Reduce your medications and clinic visits in 90 days.
- Get familiar with improved diet and activities
- Start sessions with medical, nutrition and yoga experts

Upgrade your plan



3 month plan

₹4,999 ~~₹5,499~~

Active



6 month plan

₹4,999 ~~₹5,499~~

Upgrade

Recommended



12 month plan

₹4,999 ~~₹5,499~~

Upgrade