

personal information

client name	Liliana Kostic
email	lili.kostic8@gmail.com
birthdate?	06/17/1969
gender?	female
today's weight?	166
goal weight?	125
height?	5'6

rx or supplements

prescribed medications?	Yes	perind`opril erbumin`e/indapamide 8-2-5mg; biphentin 40mg; gabapentin 300; celexa;advair 250 250/25
OTC medications?	Yes	advil and tylenol
daily supplements?	Yes	magnesium

product consumption

Do you smoke tobacco?	Yes	1 packs
Do you drink alcohol?	Yes	3 drinks
Do you have caffeine?	Yes	10 coffee

family medical history

Heart Disease?	No	—	—
High Blood Pressure?	Yes	Mother	Yes
Diabetes?	No	—	—
Arthritis?	No	—	—
Skin Disorders?	No	—	—
Blood clots?	No	—	—
Cancer?	No	—	—
Kidney Disease?	No	—	—
Liver Disease?	No	—	—
Gallbladder Disease?	Yes	Mother	Yes

past and present medical history

Do you have any other PAST medical conditions not listed above?	Yes	mini stroke at age 37- PTSD disorder, insomnia
Do you PRESENTLY have any medical conditions not listed above?	No	—

symptoms?

	<i>Yes/No?</i>	<i>Doctor Aware?</i>	<i>When start?</i>	<i>Anything Done?</i>
Abnormal Bleeding or Bruising?	No	—	—	—
Fever, Chills or Night Sweats?	Yes	Yes	sometimes i get this not always but always cold	no
Difficult or painful urination?	No	—	—	—
Pain during intercourse?	No	—	—	—
Pain in the pelvic area?	No	—	—	—
New growing lumps or bumps?	No	—	—	—
Low bone density?	No	—	—	—
Electrolyte abnormalities like low or high Magnesium	Yes	Yes	few years	magnesium pills
Painful, red joints especially in the big toes?	No	—	—	—

women only

	<i>Yes/No?</i>	<i>Doctor Aware?</i>	<i>Anything Done?</i>
Are you pregnant or trying to get pregnant?	No	–	
Are you currently breastfeeding?	No		
Planning a baby in the next year?	–		
Have you ever had fibroids?	Yes	Yes	No
Breast mass, pain, rashes, or nipple discharge?	No	No	–
Have you ever had ovarian cyst?	Yes	Yes	No
Post menopausal bleeding?	Yes	Yes	No
Bleeding or discharge not related to menstrual periods?	No	–	–
Date of last menstrual date?	06/03/2024		
Do you suffer from hot flashes or other symptoms associated with menopause?	Yes		

slimReset

prescription

30-Day Cream Prescription

Client Name: Liliana Kostic

Birth Date: 06/17/1969

notes:

Human Chorionic Gonadotropin

Administer 600units/g Topical. Refill: 0

Apply one pump to forearm daily for 30 days (1 pump daily).



Signed By

Amandeep Gill, NP, medical lead

PRAC ID: 16125113

Date Signed 2025-03-31 18:43:49

slimReset

fulfilment checklist

30-Day Cream Option

Client Name: Liliana Kostic

Telephone: 4038706888 **Email:** lili.kostic8@gmail.com

Shipping Address: Would like to Pick Up

Delivery Notes:

	Quantity	Description
	1	30 Day hCG Cream
	1	Vitamin B12, Calcium and Magnesium
	1	Fulfilment Checklist

Fulfilment Team Member

Fulfilment Date

Fulfilment QC Member

Fulfilment QC Date

Pick Up Date (if applicable)

Client Signature (if applicable)