

Feel Younger • Live Better

PERSONAL HISTORY INTAKE INFORMATION

ent amount:

ml/gew = 500 mg dal

LONGEVITY



MEDICAL CLINIC

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PATIENT GOAL SHEET

Please rank your top 10 health goals. 1 being the **highest priority** and 10 being the **lowest priority** using each number only once.

- | | |
|---|--|
| <u>7</u> <input checked="" type="checkbox"/> Lose Weight/Fat | <u>6</u> Lower Dementia Risk |
| <input type="checkbox"/> Increase Strength/Muscle | <u>3</u> Lower Cancer Risk |
| <u>1</u> <input checked="" type="checkbox"/> Improve Libido/Sexual Function | <u>4</u> Improve Sleep |
| <input type="checkbox"/> Improve Blood Sugar | <u>5</u> Decrease Pain |
| <u>9</u> Improve Skin Appearance/Wrinkles | <input type="checkbox"/> Balance Hormones |
| <input type="checkbox"/> Lower Blood Pressure | <u>10</u> Increase Energy/Stamina |
| <u>8</u> <input type="checkbox"/> Reduce Alopecia/Hair loss | <input type="checkbox"/> Increase Bone Density |
| <input type="checkbox"/> Improve Cholesterol Levels | <input type="checkbox"/> Treat Depression |
| <input type="checkbox"/> Treat Menopausal Symptoms | <input type="checkbox"/> Lower Cardiovascular Risk |
| <input type="checkbox"/> Improve Mental Function | <u>2</u> Reduce Inflammation |
| <u>6</u> Improve Fatigue | |

Other areas of your health you would like to improve:
