

PERSONAL HISTORY INTAKE INFORMATION

Name (First, MI, Last): KEN (STONE) J. SPICER

Date of Birth: 10 / 28 / 1941 Today's Date: 10 / 15 / 20 Age: 78

Marital Status: SINGLE Level of Education: BA

Occupation: WRITER/AUTHOR Retired? ☒ Yes ☒ No

Your Primary Care Provider:

Name: HEATHER BADGER WHIDBEY <sup>HEALTH</sup> Phone: \_\_\_\_\_

Date of Last Physical:        /        /        ?

Active Medical Problems:

SPINE DEGENERATION; MODERATE HBP  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescription & over the counter medications you are currently taking (include doses):

METOPROLOL ; LOSARTAN ; BAYER BACK & BODY  
(SLEEP MED - ESOPICOL(?))  
\_\_\_\_\_  
\_\_\_\_\_

Allergies – Drugs:

NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies – Foods & Other:

NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nutrients/Supplements you are currently taking & current amount:

VOLUMINOUS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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.

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

Other areas of your health you would like to improve:

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LONGEVITY



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PATIENT PLAN

Name:

Ken  
Spicer

Age:

78



Male



Female

Physician:

Date:

10.15.20

Your **GOALS:** (Top 3 areas you want to see improvement in)

1. Fatigue
2. lower Blood Sugar
- 3.

Your **CURRENT CONDITION:**

Your **PLAN MOVING FORWARD:**

**Nutrition:**

**Exercise:**

**Supplementation:**

**Hormone Therapy:**