**Comprehensive Wellness & Healthspan Optimization Intake Form**

*Please fill out the following intake form as completely as possible. This information will be used to generate detailed, personalized insights to help optimize your healthspan and well-being. All data is kept confidential.*

**1. Patient Demographics**

Provide basic personal and contact information.

* **Full Name:** (Text field)
* **Date of Birth:** (Date field)
* **Gender Identity:** (Select or self-describe – e.g., Male, Female, Non-binary, Prefer not to say, Other)
* **Contact Details:**
  + **Phone Number:** (Text field)
  + **Email Address:** (Text field)
* **Location (Address/City, State, Country):** (Text field)
* **Ethnicity:** (Optional – Select from list or describe)
* **Emergency Contact:**
  + **Name:** (Text field)
  + **Relationship:** (Text field, e.g., spouse, parent, friend)
  + **Phone Number:** (Text field)

**2. Health History**

Outline your personal medical history and family health background.

* **Past Medical Conditions:** (Open-ended) List any **chronic illnesses**, significant **infections**, major **surgeries**, or **hospitalizations** you have had. Include the year/age and any relevant details. *(Examples: diabetes, hypertension, COVID-19 (2021), appendectomy (age 15))*
* **Family Medical History:** (Open-ended) Describe any **genetic predispositions** or health issues in your immediate family. Include relatives’ ages/longevity and any history of chronic diseases. *(Examples: heart disease in father, diagnosed at 50; grandparents lived into 90s; no family history of cancer)*
* **Current Medications & Supplements:** (Open-ended) List all **prescription medications**, **over-the-counter drugs**, and **dietary supplements** you currently take. Include dosages and frequency if possible.
* **Past Medications & Supplements:** (Open-ended) List any notable medications or supplements you have taken regularly in the past (especially long-term or high-dose use) that you are no longer taking.
* **Allergies and Intolerances:** (Open-ended) List any known **drug, food, or environmental allergies** or intolerances, and describe your reactions. *(Examples: penicillin – hives; peanuts – anaphylaxis; lactose intolerance – bloating)*
* **Immunizations:** Indicate if you are up to date on common vaccines and list the date of your last immunizations if known.
  + Tetanus (Td/Tdap): [ ] Up to date (Last dose: \_\_\_\_)
  + Flu (annual): [ ] Yes [ ] No (Last dose: \_\_\_\_)
  + COVID-19: [ ] Yes [ ] No (Last dose: \_\_\_\_)
  + Others (Hepatitis, Shingles, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Lifestyle Factors**

Describe your daily habits, routines, and psychosocial factors that affect your health.

* **Diet & Nutrition:**
  + **Dietary Pattern/Preferences:** (Multiple choice or text) e.g., Omnivore, Vegetarian, Vegan, Paleo, Keto, Mediterranean, Other.
  + **Food Sensitivities or Intolerances:** (Open-ended) List any foods you avoid due to sensitivities or preferences (e.g., gluten, dairy, spicy foods).
  + **Alcohol Consumption:** (Multiple choice) e.g., None, Occasional (1–2 drinks/week), Moderate (3–6 drinks/week), Regular (1+ drink per day).
  + **Caffeine Consumption:** (Multiple choice) e.g., None, Low (1 cup/day), Moderate (2–3 cups/day), High (4+ cups/day). Indicate type (coffee, tea, energy drinks).
  + **Hydration Habits:** (Open-ended or scale) Approximate glasses of water per day and other fluids. *(Example: 8 glasses water/day; occasional sports drinks)*
* **Physical Activity:**
  + **Type of Exercise/Activity:** (Open-ended) List the kinds of physical activities you engage in (e.g., walking, running, weightlifting, yoga, sports, etc.).
  + **Frequency:** How many days per week do you exercise? (Select: 0, 1–2, 3–4, 5–7 days/week)
  + **Intensity:** Describe typical intensity (Light – e.g., casual walk; Moderate – makes you sweat; Vigorous – high effort or competitive).
  + **Injuries or Limitations:** (Open-ended) Note any **history of injuries**, chronic pain, or mobility limitations that affect exercise. *(Examples: past knee surgery, lower back pain with heavy lifting)*
* **Sleep Patterns:**
  + **Sleep Duration:** How many hours of sleep do you get on average per night? (Select: <5, 5–6, 7–8, >8 hours)
  + **Sleep Quality:** Rate the quality of your sleep (Likert scale 1–5, 1 = very poor, 5 = excellent) and/or describe issues (e.g., wake up frequently, feel rested or tired in morning).
  + **Bedtime & Waking Time:** (Open-ended) Typical bedtime and wake-up time. Do you maintain a consistent schedule?
  + **Sleep Disorders:** (Yes/No + detail) Any diagnosed or suspected sleep issues? *(Examples: insomnia, sleep apnea, restless legs, frequent nightmares)*
* **Stress & Coping:**
  + **Perceived Stress Level:** On a scale of 1–10 (or Low/Medium/High), how would you rate your typical stress? \_\_\_\_\_\_\_\_\_\_
  + **Main Stress Sources:** (Open-ended) Briefly describe your biggest stressors (e.g., work pressure, family responsibilities, financial concerns).
  + **Coping Mechanisms:** (Open-ended) How do you manage stress? *(Examples: exercise, meditation, deep breathing, hobbies, socializing, therapy)*
  + **Mental Health History:** (Open-ended) Note any history of mental health conditions such as anxiety, depression, PTSD, etc. Include past therapy or psychiatric medications if applicable.
* **Social Connections & Support:**
  + **Support System:** (Open-ended) Describe your social support network (friends, family, community groups). Do you have people you can rely on for help or talk to regularly?
  + **Social Interaction Level:** (Multiple choice) How frequently do you engage socially? e.g., Daily, Several times a week, Weekly, Rarely.
  + **Relationship Satisfaction:** Rate your overall satisfaction with personal relationships (Likert 1–5, 1 = very dissatisfied, 5 = very satisfied).
* **Work-Life Balance & Occupational Stress:**
  + **Occupation:** (Open-ended) What is your current job/role and typical work hours per week?
  + **Work Environment Stress:** (Multiple choice or scale) Rate how stressful you find your work environment (None, Mild, Moderate, High, Very High). List any major work stress factors (e.g., tight deadlines, physical labor, high responsibility).
  + **Work-Life Balance:** Rate your work-life balance (Likert 1–5, 1 = very poor, 5 = excellent) or describe if work often interferes with personal life.
  + **Burnout or Job Strain:** (Yes/No + detail) Do you feel signs of burnout or excessive job strain? If yes, explain.

**4. Biometrics & Lab Data**

Provide recent measurements and health metrics. If you have recent lab results or device readings, include them here (optional but helpful).

* **Anthropometrics:**
  + **Height:** \_\_\_\_\_\_\_\_ (feet/inches or cm)
  + **Weight:** \_\_\_\_\_\_\_\_ (lbs or kg)
  + **Body Mass Index (BMI):** \_\_\_\_\_\_\_\_ (if known; otherwise will be calculated from height/weight)
  + **Body Fat Percentage:** \_\_\_\_\_\_\_\_% (if known from recent scan or device)
  + **Waist Circumference:** \_\_\_\_\_\_\_\_ (inches or cm, if available)
  + **Hip Circumference:** \_\_\_\_\_\_\_\_ (in or cm, if available)
  + **Waist-to-Hip Ratio:** \_\_\_\_\_\_\_\_ (if known)
* **Vital Signs:**
  + **Blood Pressure:** **/** mmHg (most recent reading if known)
  + **Resting Heart Rate (RHR):** \_\_\_\_\_\_\_\_ bpm (beats per minute)
  + **Heart Rate Variability (HRV):** \_\_\_\_\_\_\_\_ (ms, average or range if tracked)
  + **VO₂ Max:** \_\_\_\_\_\_\_\_ (if tested, e.g., from a fitness test or wearable)
* **Blood Markers:** *(Provide recent lab values if available)*
  + **Lipid Panel:** Total Chol \_\_\_\_\_\_, LDL \_\_\_\_\_\_, HDL \_\_\_\_\_\_, Triglycerides \_\_\_\_\_\_ (mg/dL)
  + **Glucose:** Fasting \_\_\_\_\_\_ mg/dL (and/or **HbA1c:** \_\_\_\_\_\_ %)
  + **Inflammatory Markers:** e.g., C-reactive Protein (CRP) \_\_\_\_\_\_ mg/L (if known), others \_\_\_\_\_\_
  + **Hormone Levels:** (if checked) e.g., Thyroid (TSH \_\_\_\_\_\_, T4 \_\_\_\_\_\_), Testosterone \_\_\_\_\_\_, Estrogen \_\_\_\_\_\_, Cortisol \_\_\_\_\_\_, etc.
  + **Vitamin/Mineral Levels:** (if available) e.g., Vitamin D \_\_\_\_\_\_ ng/mL, Vitamin B12 \_\_\_\_\_\_ pg/mL, Iron/Ferritin \_\_\_\_\_\_, others \_\_\_\_\_\_
* **Genetic Data:**
  + Have you had your DNA or genetic testing done related to health/longevity? (e.g., 23andMe, Ancestry, whole genome sequencing) [ ] Yes [ ] No
  + If **Yes**, are there any notable genetic findings you’re aware of? *(Examples: APOE genotype, BRCA status, MTHFR mutation, predispositions to certain conditions)*
  + **Family Longevity:** (Optional) Mention ages of parents/grandparents or any notable longevity in family.
* **Microbiome Analysis:**
  + Have you ever done a gut microbiome test (such as Viome, uBiome)? [ ] Yes [ ] No
  + If **Yes**, provide any key insights if available (e.g., diversity score, specific bacteria overgrowth, recommendations given).
* **Wearable & Device Data:** *(If you use health trackers, share any useful data)*
  + **Sleep Tracker:** Do you use a device/app to track sleep (Fitbit, Oura, etc.)? [ ] Yes [ ] No. If yes, average nightly sleep \_\_\_\_\_\_ hours, sleep quality score (if provided) \_\_\_\_\_\_.
  + **Activity Tracker:** Average daily steps \_\_\_\_\_\_; weekly active minutes \_\_\_\_\_\_; other fitness metrics: \_\_\_\_.
  + **HRV Monitor:** (e.g., Oura Ring, chest strap) Average HRV \_\_\_\_\_\_ (if known). Any notable trends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
  + **Glucose Monitor:** Do you use a Continuous Glucose Monitor (CGM)? [ ] Yes [ ] No. If yes, note average glucose levels or any frequent high/low patterns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**5. Goals & Concerns**

Tell us about your health goals, what you hope to achieve, and any concerns you have regarding your health and aging.

* **Primary Health & Longevity Goals:** (Open-ended) What are your main goals in seeking wellness optimization? *(Examples: increase lifespan, improve daily energy, lose weight, build muscle, enhance cognitive function, manage stress better)*
* **Biggest Health Concerns:** (Open-ended) List any specific concerns you have about your health **now** or in the future. *(Examples: fear of heart disease, family history of diabetes, cognitive decline, maintaining mobility, skin aging)*
* **Aging & Longevity Concerns:** What aspects of aging worry you the most? (Check all that apply or describe)
  + [ ] Chronic diseases (e.g., heart disease, diabetes, cancer)
  + [ ] Cognitive decline (memory loss, dementia)
  + [ ] Physical decline (osteoporosis, muscle loss, frailty)
  + [ ] Appearance changes (aesthetics, skin aging)
  + [ ] Energy/vitality loss
  + [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Disease Prevention Focus:** (Open-ended) Are there specific illnesses you want to proactively prevent or monitor for? *(Examples: “Given my family history of colon cancer, I want to focus on cancer screening and prevention.”)*
* **Mental Sharpness & Cognitive Health:** (Open-ended) Do you have concerns or goals related to mental performance, memory, or learning as you age? *(If yes, describe what you’d like to improve or maintain.)*
* **Vitality & Energy Levels:** (Open-ended) How are your current energy levels throughout the day? Any concerns about fatigue or stamina you want to address?
* **Areas of Special Interest:** Indicate if you are interested in any of the following approaches or topics so we can tailor our insights (check all that apply):
  + [ ] **Biohacking** (self-experimentation with diet, tech, etc.)
  + [ ] **Longevity Science** (latest research on lifespan/healthspan)
  + [ ] **Regenerative Medicine** (e.g., stem cells, tissue engineering)
  + [ ] **Personalized Nutrition** (gene- or microbiome-tailored diet)
  + [ ] **Advanced Fitness Training** (athletic performance, wearable tech)
  + [ ] **Supplementation & Nootropics** (vitamins, cognitive enhancers)
  + [ ] **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Additional Goals or Concerns:** (Open-ended) Is there anything else about your health or goals that you'd like to mention?

**6. Tracking & Feedback Preferences**

Help us understand how you’d like to receive ongoing feedback and what monitoring methods you’re comfortable with.

* **Preferred Format for Insights:** How do you prefer to receive your personalized plans and findings?
  + [ ] Written report or email summary
  + [ ] Phone or video consultation to discuss results
  + [ ] Interactive dashboard or mobile app updates
  + [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Desired Check-in Frequency:** How often would you like to have follow-up reviews or progress check-ins?
  + [ ] Weekly
  + [ ] Monthly
  + [ ] Quarterly
  + [ ] Only as needed / On request
  + [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Use of Digital Monitoring:** Are you open to using digital tools to help track your progress and keep you accountable?
  + **Wearable Devices:** (Fitness trackers, smartwatches)
    - [ ] I already use one (Device: \_\_\_\_\_\_\_\_\_\_\_\_)
    - [ ] Willing to use if it helps
    - [ ] Not interested
  + **Health & Wellness Apps:** (Nutrition logging, meditation apps, etc.)
    - [ ] I currently use apps (Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
    - [ ] Open to using recommended apps
    - [ ] Not interested in app-based tracking
  + **AI-Driven Coaching:** (e.g., chatbots or AI reminders for habits)
    - [ ] Interested in AI coaching/reminder services
    - [ ] Maybe, curious but cautious
    - [ ] Not interested in AI-based coaching
* **Feedback Style:** What style of feedback keeps you motivated?
  + [ ] Data-driven charts and graphs
  + [ ] Simplified recommendations and checklists
  + [ ] Encouraging messages and tips
  + [ ] Detailed scientific explanations
  + [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Privacy & Data Sharing:** (Open-ended) Do you have any concerns about how your health data is used or shared (e.g., with AI tools or third-party services)? If yes, please specify so we can address them.

**Thank you for completing the intake form.** This comprehensive information will enable us to leverage advanced analysis (including AI tools) to provide you with detailed, actionable insights and a personalized wellness plan. We look forward to supporting you on your journey to optimal health and longevity.

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