

From: Detailed Medical Intake Form

Name: Developer

Email: developerphp1995@gmail.com

Questions	Responses	Other
<p>Digestive Troubles & Liver Inflammation</p> <ul style="list-style-type: none"> • IBS/IBD • Bloating • Gas/Flatulence • Acidity/Acid Reflux/GERD • Lactose Intolerance • Food Sensitivities /Allergies • H-Pylori other infections • Gall Stones & Kidney Stones • C-leveled Enzymes • Fatty Liver 	<p>IBS/IBD,Bloating,Gas/Flatulence,Fatty Liver.</p>	
<p>Hormonal Imbalances</p> <ul style="list-style-type: none"> • Insulin - Insulin Resistance • Thyroid (Hyper & Hypo) • Estrogen - Estrogen Dominance/PCOS • Cortisol - Stress/Anxiety Depression • Menopause/ Menstruation Problems • Fibroids 	<p>Insulin - Insulin Resistance,Thyroid (Hyper & Hypo),Estrogen - Estrogen Dominance/PCOS,Cortisol - Stress/Anxiety Depression.</p>	

<p>Autoimmune Conditions</p> <ul style="list-style-type: none"> • Rheumatoid Arthritis • Hashimoto's Thyroiditis • LUPUS • Diabetes • Acne • Asthma • Psoriasis • Rosacea • Eczema • Bronchitis • Sleep Apnea • Sinusitis Tinnitus • Other 	<p>Psoriasis,Rosacea,Other</p>	<p>I am developer</p>
<p>Bone/Joint/Spine</p> <ul style="list-style-type: none"> • Osteoporosis • Arthirits • Cervical Spondylitis • Backpain • Stiffness • Knee Pain • Aise Herniation/Prolapse Slip Disc 	<p>Osteoporosis,Arthirits.</p>	

<p>Metabolic Syndrome</p> <ul style="list-style-type: none"> • High Blood Pressure Hypertension • High cholesterol/Triglycerides • Pot Belly/Belly Fat • Stubborn Weight Gain • Increased Waistline • High Uric Acid 	<p>Stubborn Weight Gain, Increased Waistline, High Uric Acid.</p>
<p>Life Changing Concerns</p> <ul style="list-style-type: none"> • Cancer • Parkinson • Alzheimer • Heart Disease 	<p>Alzheimer, Heart Disease.</p>
<p>Adrenal Fatigue</p> <ul style="list-style-type: none"> • Disturbed sleep • High Stress • Low Energy Levels • Constant Brain Fog/Focus Issues • Memory Loss 	<p>Disturbed sleep, High Stress.</p>
<p>Others</p> <ul style="list-style-type: none"> • Weight-Gain/Inch-Loss • Dull Pigmentation • Dry Flaky Skin • Aging Skin • Hairfall/Hairloss • Brittle Nails • Belly Fat/ Thigh/ Arm Fat 	<p>Dull Pigmentation, Dry Flaky Skin, Aging Skin.</p>

From: Life Style Questionnaire Form

Age : 23

Current Residence : Mohali

Questions	Responses	Other
Bowel Movements Per Day <ul style="list-style-type: none"> • Very Well • Okayish • Other 	Other	
How Well do you Sleep? <ul style="list-style-type: none"> • Well • Okayish 	Well.	
Do you rely on caffeine etc to give you energy throughout the day? <ul style="list-style-type: none"> • Yes • No • Sometimes 	No.	
Which of the following best describes your exercise routine? <ul style="list-style-type: none"> • Exercise Every Day • Exercise Occasionally • Do Not Exercise at All 	Exercise Every Day.	
How Frequently You Take Antacids/Laxatives? <ul style="list-style-type: none"> • Multiple doses per week • One Dose in a week or two • Fewer than one dose in a month • Never • Other 	Other:	How Frequently

<p>Do You Feel Irritable, Annoyed or Angry Over trivial Issues?</p> <ul style="list-style-type: none"> • Never • Sometimes • Often • Almost Always 	Sometimes.	
<p>Do You Drink Alcohol?</p> <ul style="list-style-type: none"> • Twice a month • More than twice a month • Never • Other 	Never	no 2
<p>Do You Smoke?</p> <ul style="list-style-type: none"> • Sometimes • Often • Never • Other 	Other:	wew
<p>Do you experience morning sickness?</p> <ul style="list-style-type: none"> • Yes • No • Sometimes 	Sometime.	
<p>Please mention your top 3 issues that concern you the most. (Feel free to make it detailed pointwise)</p>	no no no test it..	