

Cumulative Health Report

Generated on 5/29/2025

Level 1

- **Personal Information**

What is your Gender?: Female

What is your full name?: nn

What is your date of birth?: 2025-05-20

Do you have a family doctor?: Yes

- **Medical History**

Have you been diagnosed with any chronic disease?: No

List any chronic diseases.:

Rate your overall health.: 5

How often do you see a doctor?: Sometimes

- **Family Background**

Does anyone in your family have heart disease?: No

Specify the relationship.:

Is there a history of diabetes?: No

Any other hereditary conditions?: nn

- **Current Condition**

Are you currently on medication?: No

List your current medications.:

Rate your current stress level.: 3

Do you have any pain right now?: No

- **Dietary**

Are you on a special diet?: No

What kind of diet?:

How many meals do you eat per day?: 2

Any food allergies or intolerances?: nn

Level 2

- **Exercise Routine**

Which blood pressure strategy did you choose?: Medication

Have you set weight management goals?: No

Which dietary advice have you adopted?: Mediterranean

- **Sleep Patterns**

What type of physical activity did you implement?: Cycling

How often do you engage in physical activity?: Weekly

Have you tracked your activity in the app?: No

- **Mental Health**

Do you regularly practice stress-relief techniques?: Yoga

How many hours of sleep do you typically get?: 5-7 hours

Have you applied sleep improvement tips?: No

- **Health Goals**

Have you scheduled suggested lab work?: No

Have you input lab results into the app?: No

Were your lab results normal?: No

- **Substance Use**

Are you up to date on vaccinations?: No

Do you know when your next booster is due?: No

Have you logged vaccination history?: No