5. LIFESTYLE & NUTRITION

Typical daily meals:

Hydration (cups/day):

Caffeine intake:

Alcohol intake:

Exercise frequency: ☐ Rarely ☐ 1–2x/wk ☐ 3–5x/wk ☐ Daily

Sleep schedule (bed/wake):

6. ROOT TO BLOOM PRIORITIES

Top 3 symptoms or concerns:

What do you most want to improve in the next 3 months?

Recent labs or assessments (attach or list):

Additional notes: