PROpeptides Intake & Prescreening Questionnaire

Arizona Sports Medicine | Admin@arizonasportsmed.com | (480) 400-6225

Section 1: Patient Information

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Phone Number: _____

Email Address: _____

Preferred Pharmacy (if any): _____

Section 2: Health History & Contraindication Clearance

Please check any of the following that apply to you. These may affect eligibility for certain peptides:

[ ] Type 1 Diabetes

[ ] Active or recent cancer

[ ] History of melanoma or skin cancer

[ ] Severe kidney disease

[ ] Liver disease or hepatitis

[ ] Autoimmune disorders

[ ] Uncontrolled hypertension or arrhythmia

[ ] Pregnancy or breastfeeding

[ ] Severe psychiatric illness

[ ] Organ transplant recipient

[ ] No significant conditions

List current medications/supplements and any allergies below:

Medications: _____

_____

Allergies: _____

_____

HRT/Testosterone/Birth Control Use: _____

Section 3: Goals of Peptide Therapy

[ ] Injury recovery / tissue healing

[ ] Muscle growth / performance

[ ] Fat loss / body recomposition

[ ] Improved energy or endurance

[ ] Better sleep / stress resilience

[ ] Immune system support

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[ ] Cognitive performance or focus

[ ] Anti-aging or skin repair

[ ] Libido or sexual wellness

[ ] General longevity and vitality

Section 4: Lifestyle & Baseline

Physical activity: [ ] 0 [ ] 1-2 [ ] 3-4 [ ] 5+

Sleep quality: [ ] Excellent [ ] Good [ ] Fair [ ] Poor

Energy levels: [ ] High [ ] Moderate [ ] Low

Dietary plan: [ ] No [ ] Yes: _____

Fitness goal: [ ] Lose weight [ ] Gain muscle [ ] Maintain

Section 5: Female-Specific (If Applicable)

[ ] Currently pregnant or breastfeeding

[ ] Post-menopausal

Section 6: Consent & Disclosures

[ ] I understand peptide therapy may involve off-label compounded medications under supervision.

[ ] I acknowledge this form is part of a medical intake and not a prescription.

[ ] I certify the information I've provided is accurate to the best of my knowledge.

Patient Signature: _____ Date: _____

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References

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