CustomVite®
PERSONALIZED NUTRITIONAL SUPPLEMENTS

Healthcare Practitioner Information
Name: Maria I. Bermudez Fresse, MD - iMED
Email: imedconcierge@gmail.com
Phone/Fax: 937.245.4439 /937.795.3225

HEALTH IMPROVEMENT ASSESSMENT

All information received on this form will be treated as strictly confidential. Please fill out the form completely and accurately.

PLEASE PRINT CLEARLY.

First Name: _____ Last Name: _____ Date: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone (home): _____ Phone (other): _____

Height: _____ **Weight (lbs):** _____ **Age:** _____ **Male** ❑ **Female** ❑

DIET:

On average, how many servings of fruits and vegetables do you consume per day?

❑ 0-1 ❑ 2-5 ❑ 6-10

On average, how many servings of dairy products do you consume per day?

❑ 0-1 ❑ 2-5 ❑ 6-10

On average, how many servings of fish (i.e. salmon, tuna, mackerel or sardines) do you consume per week?

❑ None ❑ 1-2 ❑ 3 or more

LIFESTYLE:

Do you smoke or are you exposed to secondhand smoke or chemical pollutants on a regular basis?

❑ Yes ❑ No

What's your level of physical, mental or emotional stress?

❑ Minimal ❑ Moderate ❑ Extreme

How many times a week do you exercise for at least 30 minutes?

❑ Less than 3 times a week ❑ 3-4 times a week ❑ 5-7 times a week

Do you participate in strenuous physical activity (i.e. weight lifting, sports etc.) on a regular basis?

❑ Yes ❑ No

Are you pregnant or breastfeeding?

❑ Yes ❑ No

HEALTH GOALS:

❑ Weight Loss ❑ Healthier Skin/Hair/Nails ❑ Improve Memory
❑ Have More Energy ❑ Increase Libido ❑ Increase Muscle Mass

CURRENT HEALTH CONDITIONS:

Integumentary, Circulatory, Muscular, and Structural System

❑ Hair Loss/Thinning Hair ❑ Weak, brittle nails ❑ Acne
❑ Eczema ❑ Itchy/Inflamed Skin ❑ Rosacea

❑ High cholesterol ❑ Very high cholesterol ❑ High blood pressure
❑ Poor circulation ❑ Rapid heart beat

Over, please ➔

❒ Osteoporosis ❒ Osteopenia ❒ Osteoarthritis ❒ Fibromyalgia
❒ Stiff/Swollen Joints ❒ Gout ❒ Arthritis

Respiratory, Lymphatic, Urinary, and Digestive System

❒ Pneumonia ❒ Asthma ❒ Chronic Sinus/Ear infection
❒ Frequent Colds/Infections

❒ Cancer ❒ Inflammation ❒ Diabetes ❒ Obesity

❒ Crohn's Disease ❒ Colitis ❒ Malabsorption ❒ Diarrhea ❒ Indigestion
❒ Irritable Bowel Syndrome ❒ Heartburn/GERD ❒ Constipation ❒ Celiac Disease

Endocrine, Nervous, and Reproductive System

❒ Adrenal Fatigue ❒ Hypothyroidism

❒ Alzheimer's/Dementia ❒ Parkinson's Disease ❒ Multiple Sclerosis ❒ Poor Memory
❒ Depression ❒ Anxiety

WOMEN ONLY:

❒ PMS ❒ Menstrual Irregularity ❒ Menopause ❒ Endometriosis
❒ Polycystic Ovarian Syndrome (PCOS)

MEN ONLY:

❒ Sexual Dysfunction ❒ Benign Prostatic Hyperplasia (BPH)/Enlarged prostate

MEDICATIONS, ALLERGIES & SENSITIVITIES:

CustomVite supplements are free of gluten, wheat, sugar, salt, milk, peanuts/tree nuts, eggs, and dairy products.

Are you allergic to either of the following items?

❒ Shellfish ❒ Soy or Soybean products

Please list all medications that you are currently taking. Also list allergies and sensitivities to foods and/or supplements.

Medications: *Allergies:*

_____ _____
_____ _____
_____ _____
_____ _____

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NutriLab, LLC, One University Plaza, Suite 621, Hackensack, New Jersey 07601 **Tel:** 800-379-9979 **Fax:** 800-379-6374 www.customvite.com