



****Please answer each question in depth. This will help us better assist you on your health journey.*

1. Have you been diagnosed with a chronic condition, i.e.: High cholesterol, High blood pressure, diabetes, heart disease, stroke, etc.? if yes, which conditions and who is the doctor treating the condition?

2. Are you currently taking any chronic medication and/or supplements? If yes, please list them below

3. Have any of your family members been diagnosed with a chronic condition, i.e.: High cholesterol, High blood pressure, diabetes, heart disease, stroke, blood clotting, etc. (your immediate family up to level of your grandparents)? If yes, which conditions and who in the family?

4. What are your current daily habits?
a. What are you likely to have for breakfast, lunch, dinner, and snacks?



- b. How many cups of water, coffee, and tea do you consume a day? How many teaspoons of sugar do you put in your coffee and tea? Do you take it with milk?

- c. How many units of alcohol do you drink per week? If not weekly, how often do you drink alcohol a year?

- d. Do you use any of the following: tobacco/vape/drugs? If yes, which one and how often in a day/week?

- e. How is your overall sleep quality on a scale of 0-10 (0=bad, 5= fair, 10= amazing)? On average how many hours of sleep do you get each night?

- f. What do you do for a living? Does it require you to sit a lot?

- g. Do you generally experience any headaches? How often do you have a headache?

- h. How are your general stress levels on a scale of 0-10 (0= low, 5= fair, 10= high)? What exacerbates your stress, i.e.: work, family, studies, relationships, environment, illness, etc.?

- i. Do you experience any signs and symptoms of depression and anxiety, i.e.: changes in sleeping and/or eating habits, being tired during the day for no reason, loss of interest in life activities, excessive worrying, trouble relaxing, heart palpitations, irritable, on high alert all the time? If yes, how often do you experience them?

Contact: (+27) 083 562 9201
Email: bmbio@reignitehealth.co.za
Website: reignitehealth.co.za
Facebook: Reignite Health
YouTube: Reignite Health

j. Do you participate in any form of physical activity/exercise? What activities do you do? How often a week? For how long a session?

5. What are your health goals?

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