

Health Overview Intake Form:

Please tell us a little bit about yourself so that we can best address the issues you are experiencing.

1) What primary health issue are you looking to address? We know it's hard, but choosing just one helps me personalize your SelfDecode experience to help you reach your goals.

2) What type of job do you have?

3) How much do you exercise each week?

4) What is your weight goal?

5) How many hours a week would you like to spend exercising?

6) Do you smoke tobacco?

7) Are you often exposed to second-hand smoke in your home or at work?

8) How often do you consume alcohol?

9) Do you follow any special diet?

10) Which diets resembles your diet the most?

11) In a typical week, do you take supplements? We'll ask about your medications in just a bit.

12) What type of supplements are you taking? (list all that apply):

13) Let's go over your medical history and current health status, shall we...

14) What is your current weight?

15) What is your height?

16) How would you describe your general health?

17) In general, how would you rate your mental health (1-10, 10 being amazing, 1 being terrible), including your overall mood and ability to think?

18) How many times have you seen a doctor in the past year, for any health issue? (don't count regular check-ups)

19) How many times have you been hospitalized in the past year?

20) Are there any diseases that run in your family? (i.e., even if you don't personally have it.)

21) Are you currently taking any prescription medications?

22) Which type(s) of medication are you taking?

23) Are you allergic to any foods? If so, list all that apply.