PHUSIS-5331

Systemic Biocorrelation™

Application for PHUSIS-5331 Structural Initial Evaluation

Preliminary information for the assessment of access to the PHUSIS-5331 process

Please complete this application as accurately as possible. The information provided will be reviewed to determine whether a PHUSIS-5331 Structural Initial Evaluation is appropriate for your current situation.

1 PERSONAL CONTEXT

Full Name: _____

Date of Birth: _____ Age: _____

Sex: ☐ Male ☐ Female ☐ Other

Nationality: _____

Ethnic / Ancestral Origin(s): _____
(Maternal / Paternal heritage if known)

Occupation: _____

Country of Residence: _____

Height: _____ cm Weight: _____ kg

Phone (WhatsApp preferred): _____

Email: _____

Preferred Language: _____

2 WHAT BRINGS YOU TO PHUSIS-5331?

Please describe, in your own words, what motivated you to apply.

_____

_____

_____

_____

3 HOW WOULD YOU DESCRIBE YOUR CURRENT SITUATION?

Select all statements that reflect your experience.

- ☐ I am trying to understand what is actually happening.
- ☐ I have one main concern.
- ☐ I have several concerns that may or may not be connected.
- ☐ My situation has changed over time.
- ☐ I feel something important may be overlooked.
- ☐ I have received many opinions but still lack clarity.
- ☐ Different professionals have focused on different pieces.
- ☐ My reports seem fragmented.
- ☐ I would like an independent structural perspective.
- ☐ I would like to better understand priorities before making further decisions.
- ☐ I would like guidance that is based on understanding rather than assumptions.
- ☐ I would like a structured path toward greater clarity, continuity and long-term orientation.
- ☐ I would like to preserve and build upon the understanding I already have instead of starting over again.

If you would like to elaborate, please use the space below.

_____

_____

_____

_____

4 WHICH AREAS OF YOUR SYSTEM FEEL MOST AFFECTED TODAY?

Select all that apply.

- ☐ Energy
- ☐ Sleep
- ☐ Digestion
- ☐ Hormonal Balance
- ☐ Immune Function
- ☐ Pain
- ☐ Brain / Cognition
- ☐ Mood
- ☐ Stress Adaptation
- ☐ Recovery
- ☐ Weight / Metabolism
- ☐ Skin
- ☐ Cardiovascular
- ☐ Physical Performance
- ☐ Fertility / Reproductive Health
- ☐ Other: _____

Is there anything you would like us to know about these areas?

_____

_____

_____

5 HOW HAS YOUR SITUATION EVOLVED?

- ☐ Less than 6 months
- ☐ 6–12 months
- ☐ 1–3 years
- ☐ 3–10 years
- ☐ More than 10 years

Have there been important turning points?

_____

_____

_____

_____

6 WHAT HAVE YOU ALREADY EXPLORED?

- ☐ General Practitioner
- ☐ Specialists
- ☐ Hospital Care
- ☐ Functional Medicine
- ☐ Nutrition
- ☐ Physiotherapy
- ☐ Psychology
- ☐ Complementary Therapies
- ☐ Self-directed Research
- ☐ Multiple approaches without lasting clarity
- ☐ Other: _____

7 WHICH OF THESE BEST DESCRIBES YOUR EXPERIENCE?

- ☐ I have many reports but little understanding.
- ☐ I have many answers but they do not seem connected.
- ☐ Different professionals have offered different explanations.
- ☐ My symptoms appear unrelated.
- ☐ I believe there may be underlying relationships that have not yet been explored.
- ☐ I would like someone to connect the information I already have.
- ☐ I am looking for a structured understanding before deciding my next steps.
- ☐ I value guidance that evolves with understanding rather than isolated recommendations.
- ☐ I value continuity so that understanding, context and perspective are not lost over time.
- ☐ I would like to build toward greater clarity, strategic orientation and long-term independence.

8 SUPPORTING INFORMATION

To help us better understand your individual situation, you are welcome to upload any information you consider relevant, including previous medical reports, laboratory results, imaging, personal observations or other supporting documentation.

Examples include:

- ☐ Blood Tests
- ☐ Imaging
- ☐ Specialist Reports
- ☐ Medical Records
- ☐ Medication List
- ☐ Supplement List
- ☐ Genetic Testing
- ☐ Chronologies
- ☐ Personal Notes
- ☐ Wearable Data
- ☐ Other: _____

PHUSIS-5331 PRE-PROTOCOL – VISUAL HANDBOOK (OPTIONAL)

You may also include the PHUSIS-5331 Pre-Protocol – Visual Handbook, which provides additional structured observations that may contribute valuable context during our preliminary review. Providing additional information is entirely voluntary and is not required for your application to be considered.

- ☐ I have included the PHUSIS-5331 Pre-Protocol – Visual Handbook.

9 WHAT WOULD YOU LIKE TO ACHIEVE?

Select all that apply.

- ☐ Greater Understanding
- ☐ Clearer Priorities
- ☐ Better Orientation
- ☐ A More Structured Path Forward
- ☐ Guidance Based on My Individual Situation
- ☐ Continuity Over Time
- ☐ Long-term Strategic Support
- ☐ Greater Confidence in Future Decisions
- ☐ Something Else: _____

Please elaborate if you wish. _____

_____

_____

_____

_____

10 HOW IMPORTANT IS THIS FOR YOU TODAY?

On a scale from 0–10 (0 = Not important, 10 = One of my highest priorities)

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

11 BEFORE WE CONTINUE

I understand that:

- ☐ PHUSIS-5331 provides Systemic Biocorrelation™, structured interpretation and strategic orientation rather than conventional medical diagnosis.
- ☐ Every application is individually reviewed before acceptance.
- ☐ Additional documentation may be requested if needed.
- ☐ The purpose of this application is to determine whether PHUSIS-5331 is an appropriate framework for my current situation.

12 DECLARATION

By submitting this application, I confirm that the information provided is accurate to the best of my knowledge.

Signature: _____

Date: _____