



Personal Information

Name: _____ Height: _____ Weight: _____ Sex: _____

DOB: _____ Age: _____ Phone: _____ Email: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Initial here to receive occasional educational emails from Redefined Health LLC:

How did you hear about Redefined Health LLC?: _____

Women

What is your menstrual status?: Premenopausal Perimenopausal Postmenopausal

Do you have breast implants?: Yes No If yes, when was the procedure?: _____

Self Evaluation

What are your primary symptoms and health concerns and when did they start?

What have you tried that has helped and what have you tried that has not helped?

What are your main sources of stress and how do you manage your stress?

What would you reasonably expect to achieve after 90 days on the protocol?

Please describe your current diet, water intake and dietary preferences:

Do you have any known food allergies or food sensitivities?

Please describe your current exercise regimen and activity level:

Please describe your bowel movements (formed, loose, diarrhea, frequency, etc.):



Self Evaluation Continued

What time do you normally go to bed?

When is your energy best during the day?

Do you have trouble *falling* asleep?

Yes No

Do you have trouble *staying* asleep?

Yes No

Do you often awake between 2-3 am?

Yes No

- If so, do you need to eat to fall back asleep?
- Is your mind racing when you wake at this time?

Yes No

Yes No

Do you feel unrested when you get up in the morning?

Yes No

Do you forget your dreams/not dream at all?

Yes No

Do you often have nightmares?

Yes No

Do you use sleep aids?

Yes No

- If yes, explain: _____

Medical History

Have you had any operations/surgery?

Yes No

- If yes, explain: _____

Have you had teeth extracted?

Yes No

Have you had root canals?

Yes No

Do you have metal fillings?

Yes No

- If yes, have they been replaced?
- If yes, *how* were they replaced? _____

Yes No

Have you had any head, neck or back injuries?

Yes No

- If yes, explain: _____

Do you have a history of antibiotic use?

Yes No

- If yes, explain: _____



Medical History Continued

Have you received any COVID vaccines/boosters? Yes No

<u>Date Received:</u>	<u>Company:</u>	<u>Noted Side Effects:</u>

Please list all current medications (prescriptions and over-the-counter):

<u>Date Started:</u>	<u>Name/Dose:</u>	<u>Purpose:</u>

Please list all current supplements:

<u>Date Started:</u>	<u>Name/Dose:</u>	<u>Purpose:</u>



Medical History Continued

Please list any medical diagnosis your doctor has given to you:

Please list any previous remarkable lab work, test findings and or results:

Please list any conditions you suspect you may have and explain:

Other than the labs that I need to order, are there any labs you would like to have ordered?

Functional Analysis

Please rate on a scale of 0-5

0=Never, 1=Rare, 2=Several times per month, 3=Once per week, 4= Several times per week, 5=Daily

Gut Health:

- Gas/Bloating
- Belching
- Diarrhea
- Constipation
- Heartburn, GERD, Reflux
- Abdominal Pain / Nausea
- Brain Fog
- Skin Issues (psoriasis, eczema, etc.)
- Sick Often / Low Immunity
- Unformed Stool
- Sinus Issues
- Fatigue After Eating
- Difficulty Gaining/Losing Weight

Total: /65

Liver/Gallbladder and Detox:

- Alcohol Intolerance
- Bad Body Odor
- Excessive/Lack of Sweating
- Dark Circles Under Eyes
- Acne Around Temples or Shoulders
- Upper Right Abdominal Pain
- Floating and/or Greasy Stool
- Sweat Burns/Irritates Skin
- Wake Up at 2-3AM
- Skin Burns Easy in Sunlight
- Pain in Right Shoulder Blade
- Skin Rashes or Hives Often
- Food Aversion

Total: /65



Functional Analysis Continued

Men Hormones:

- Low Libido
- Weight Gain (Belly and Chest)
- Fluid Retention (Feel Puffy)
- Mood Swings or Irritability
- Oily Skin
- Acne Abundance
- Night Sweats
- Decreased Muscle Size/Strength
- Infertility
- E.D.
- Depression

Total: /55

Women Hormones:

- PMS Symptoms
- Irregular or Painful Menstrual Cycle
- Breast Tenderness
- Vaginal Dryness
- Fibrocystic Breasts
- Hot Flashes
- Night Sweats
- Acne Abundance
- Unwanted Hair Growth
- Miscarriage
- Depression

Total: /55

Endocrine Function:

- Feel "Wired but Tired"
- Difficulty Waking in the Morning
- Tend to be a "Night Person"
- Afternoon Fatigue
- Insomnia/Sleep Disturbance
- High/Low Blood Pressure
- Salt Cravings
- Dizzy Upon Standing
- Sweet Cravings
- Need to Lie Down When Stressed
- Increased Caffeine Tolerance
- Anxiousness
- Need to Exercise to Start The Day

Total: /65

Neurotransmitter Balance:

- Depression
- SAD (Seasonal Affective Disorder)
- Anxiety
- Brain Fog
- Poor Memory
- Low Self-Esteem
- Unable to Focus, Finish Tasks, Learn
- Lack of Motivation
- Lack of Joy/Pleasure
- Feelings of Apathy
- "Dark Thoughts"
- Obsessive Compulsive Disorder
- Irritability or Anger Quickly

Total: /65



Functional Analysis Continued

Glycemic Balance:

- Wake Up at Night Hungry/Thirsty
- Binge Eating
- Sugar Cravings
- "Hangry" Between meals
- Frequent Thirst and/or Urination
- Crave Caffeine
- Fatigue Relieved by Meals
- Headache if Meals are Delayed

Total: /40

Nutritional Status:

- Racing Heart
- Fatigue/Exhaust Easily
- Cracked/Brittle Nails
- Restless Leg Syndrome
- Cracks at Corner of Mouth/Lips
- Bleeding Gums
- Bruise Easily
- Dizziness

Total: /40

Stealth Infection / Toxicity:

- | | |
|--|---|
| <input type="checkbox"/> Cold Hands and/or Feet | <input type="checkbox"/> Autoimmune Disorder(s) |
| <input type="checkbox"/> Blurred Vision, Vision Changes | <input type="checkbox"/> Muscle Twitches/Tremors |
| <input type="checkbox"/> Brain Fog, Confusion | <input type="checkbox"/> Tinnitus (Ear Ringing) |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Sudden Onset of Eye Floaters |
| <input type="checkbox"/> Excessive Thirst/Urination | <input type="checkbox"/> Tingling or Numbness |
| <input type="checkbox"/> Headaches and/or Migraines | <input type="checkbox"/> Unexplained Sharp Pains |
| <input type="checkbox"/> Metallic Taste in Mouth | <input type="checkbox"/> Unusual Weight Gain or Loss |
| <input type="checkbox"/> Vertigo, Light Headed, or Dizziness | <input type="checkbox"/> Migrating Joint Pain |
| <input type="checkbox"/> Sensitive to Fragrances | <input type="checkbox"/> Exercise Intolerance |

Total: /90

Add 10 points for each current diagnosis:

Metabolic Stress Score:

Mild - <50

Moderate - 50-150

Severe - >150



Terms of Service Agreement

Introduction

It is common practice for naturopaths, nutritionists and other non-licensed practitioners to collect your signature on a form such as this. By doing so you acknowledge and accept that we:

- are not medically licensed;
- are not a substitute for advice from a licensed doctor;
- recommend that you consult your doctor before making any changes to your diet or exercise regime or taking any dietary supplement;
- do not warrant the accuracy of any information provided;
- are not liable for any losses you may suffer by relying on our advice;
- do not recommend any particular product;
- are not a covered entity or a business associate of a covered entity under HIPAA.

What we do and do not do

We obtain a set of laboratory test results from a Certified Laboratory in the United States and provide you with a nutritional Interpretation of those test results that you can use exclusively as an educational tool for personal health purposes. Your doctor may use the same test results to diagnose and treat disease, but we do not do this. The information we provide is not intended to, cannot, and should not be expected to be a substitute for a personal consultation with your own qualified doctor. We do not accept any liability for any failure to identify any medical condition or disease; this is not the purpose of our services.

We may provide you with information relating to products that we believe might benefit you, but such information is not to be taken as an endorsement or recommendation. Some such products may not be available without a prescription, but we do not dispense or prescribe any prescription products. The information provided is intended for educational purposes only and should not be taken as professional medical advice or used as a substitute for medical care. We are not responsible for any adverse effects or consequences that may result, either directly or indirectly, from that information.

We will make reasonable effort to protect the privacy of your medical information that is shared with us, including any medical test results. However, that information is not protected by doctor-patient confidentiality, nor is it governed by HIPAA.

Consult your doctor

We are not licensed medical advisors and make no claims to be so. The information we provide should not be taken to be and is not a substitute for, personal medical advice and instruction. You should not take any action based solely on our advice.

You should consult your doctor;

- for any medical interpretation of your test results;
- on any matter relating to your health and well-being;
- before making any changes to your exercise or diet;
- before taking any nutritional, herbal, homeopathic or hormonal supplementation;
- before beginning any therapy.

Exclusion of warranties

We will provide our services to you with reasonable care and skill. But we make no other warranty, express or implied, with respect to those services. All other warranties are excluded to the maximum extent permitted by law.

We make no warranty as to the accuracy of the laboratory test results, we receive.

We make no warranty, expressed or implied, as to the quality or effectiveness of any diagnosis, apparatus, treatment or product. In no event will we be liable for any physical or mental injury, or any negative side effects, that may arise from the use of any such diagnosis, apparatus, treatment of product.



Terms of Service Agreement Continued

We believe that the information we provide, including that on our web sites, brochures, flyers and information packet, is accurate, but we cannot guarantee such accuracy. We therefore make no warranty as to the accuracy of that information, and it should not be relied upon as being correct, complete or accurate. It is your responsibility to verify such matters independently from primary sources of information and by taking specific professional advice.

Exclusion of liability

If you rely on, buy or use a product or therapy, you do so at your own risk. Each person is different, and the way someone reacts to a product or therapy may be significantly different from another. We cannot predict how you may react to any particular product or therapy.

To the maximum extent permitted by law, we exclude:

- any and all liability in contract, tort (including negligence), breach of statutory duty or otherwise for any direct, indirect, special, incidental, or consequential costs, losses, claims, damages, expenses or proceedings (including but not limited to loss of profits and wasted management time) incurred or suffered by you arising directly or indirectly out of or in connection with our services, including but not limited to any loss, damage or expense arising from any defect, error, imperfection, fault, mistake or inaccuracy with the information or advice we provide;
- any and all liability for injury or loss arising out of the use of, or reliance on, the laboratory results and/or the dietary, supplement and lifestyle suggestions we may provide;
- any and all liability for injury or loss arising from any product or treatment you may choose to take;
- any and all liability for any failure to identify any medical condition or disease. You understand and agree that this is not the purpose of our services.

This is a comprehensive limitation of liability that applies to all damages of any kind, including (without limitation) compensatory, direct, indirect or consequential damages, loss of data, income or profit, loss of or damage to property and claims of third parties.

No recommendation

All material and information we may provide about products and therapies is provided solely for educational purposes and for use when discussing your health with your doctor. By providing you with such material and information, we do not necessarily endorse, recommend or promote any such product or therapy.

Packages

When purchasing a package, I understand that:

- I am responsible for paying the selected service in full at the time of decision, whether I complete the duration of the package or not.
- There are no refunds or credits.
- Packages, appointments, and all other services provided are non-transferable.
- Appointments within in a package/service will expire at the end of the selected package's duration.
- When a care plan has a specified amount of time, the start date must be within 30-days of the most recent appointment. If no start date is chosen within this time, the beginning of the care plan will be the date of the most recent appointment.

Signature

I have read and understand the above terms of service agreement and I agree to it.

Print Name: _____ Date: _____

DISCLAIMER: By typing your name below, you are signing this agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Signature: _____