Vibrant Wellness

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VibrantWellness

Initial Intake Form: *Please send this completed form back with your sample.*

Name:_____ Date of Birth:_____ Today's Date: _____

Height:_____ Weight:_____ Ethnicity:_____

Referring/Ordering Provider:_____

*Check all the boxes that apply to you:

Past Medical History

- □ Abdominal Aortic Aneurysm
- □ Addison's disease
- □ Aldosterone Enzyme disorder
- □ Alzheimer's disease
- □ ADHD
- □ Anemia
- □ Anxiety
- □ Asperger's Syndrome
- □ Asthma
- □ Atrial Fibrillation
- □ Autism
- □ Bronchitis
- □ Cancer
- □ Cardiovascular disease
- □ Chronic Fatigue Syndrome
- □ Cirrhosis
- □ Congestive Heart disease
- □ Coronary Heart disease
- □ Cystic Fibrosis
- □ Dementia
- □ Depression
- □ Diabetes Type II
- □ Dyslipidemia
- □ Endothelial dysfunction
- □ Epilepsy
- □ Epstein-Barr Virus I
- □ Fibromyalgia
- □ Glaucoma
- □ Graves disease
- □ Hashimoto's thyroiditis
- □ Hemorrhoids
- □ High blood pressure
- □ High cholesterol
- □ Hypertension
- □ Hypothyroidism
- □ Increased catecholamines
- □ Increased Systolic blood pressure
- □ Insomnia
- □ Insulin Resistance
- □ Ischemic Stroke
- □ Mitral Valve Prolapse
- □ Multiple Sclerosis
- □ Myocardial Infarction
- □ Obesity
- □ Osteoarthritis
- □ Parkinson's Disease
- □ Plaque rupture
- □ Pneumonia
- □ Pre-Eclampsia (pregnant women)
- □ Rheumatoid Arthritis
- □ Sinusitis
- □ Strep Throat
- □ Stroke
- □ Tachycardia
- □ Vascular Inflammation
- □ Venous Thrombosis
- □ None of the Above

_____

_____

_____

Past surgeries or medical events

□ Please List:

_____

_____

Childhood Medical History

- □ Cesarean Birth
- □ Breastfed
- □ Antibiotic Use
- □ Vaccinations

Family Medical History

- □ Heart Disease
- □ Hypertension
- □ Diabetes Mellitus
- □ Autoimmune
- □ IBS/IBD
- □ Overweight/Obese

Symptoms

Digestive Symptoms

- □ Acid reflux/GERD
- □ Celiac disease
- □ Crohn's disease
- □ Irritable Bowel Syndrome
- □ Ulcerative Colitis
- □ Food Allergies
- □ Gas/ Bloating
- □ Diarrhea
- □ Gut Flare Ups
- □ Gluten/ Wheat Intolerance
- □ Lactose Intolerance
- □ Intestinal Permeability

_____

_____

_____

Recent Unintentional Weight Changes

Weight Gain

_____amount of weight in

_____amount of time

Weight Loss

_____amount of weight in

_____amount of time

Mental Acuity Symptoms

- □ Fatigue
- □ Brain fog

Skin Symptoms

- □ Eczema
- □ Psoriasis
- □ Acne

Neurological Symptoms

- □ Migraines
- □ Neuropathy
- □ Gait abnormality
- □ Vertigo
- □ Tremors

Other (Please describe)

_____

*See Next Page For Lifestyle Factors

Current Lifestyle Factors

Nutraceuticals/Supplements

- ▫ Vitamin D
- ▫ Omega 3
- ▫ Probiotics
- ▫ Prebiotics
- ▫ Multivitamin
- ▫ Others (specify)-write in:

_____

_____

_____

Medications

- ▫ Antibiotics
- ▫ Immunosuppressants

Please list:

_____

_____

_____

**Please include additional medications/ supplements list documents if available.*

Sleep Habits

- ▫ Less than 6 hours
- ▫ 6-8 hours
- ▫ More than 8 hours
- ▫ More than 10 hours

Stress Management

How would you rate your current stress level?

(1= no stress, 5= very stressed)

▫ 1 ▫ 2 ▫ 3 ▫ 4 ▫ 5

Exercise Frequency

(30 minutes of activity or more)

- ▫ 0-1x/week
- ▫ 2-3x/week
- ▫ 4 or more x/week

Type of Exercise

- ▫ Easy
- ▫ Moderate
- ▫ Heavy

Do you smoke Tobacco?

- ▫ Yes
- ▫ No

Please Specify Blood Group Below:

▫ A ▫ B ▫ AB ▫ O

Do you drink alcohol?

- ▫ Never
- ▫ Less than daily
- ▫ 1-2 drinks per day
- ▫ 3-4 drinks per day
- ▫ 5 or more drinks per day

Do you follow a particular diet philosophy?

- ▫ Standard American Diet
- ▫ Paleo
- ▫ Vegetarian
- ▫ Vegan
- ▫ Gluten Free
- ▫ Dairy Free
- ▫ Low Carb
- ▫ Other (please specify)

_____

How much fluid do you drink per day?

- ▫ Less than 20 ounces/day
- ▫ 20-50 ounces/day
- ▫ 50-80 ounces/day
- ▫ Greater than 80 ounces/day

Typical Beverage Choices Include:

_____

_____

_____

Occupation (please list)

_____

_____

Household Dynamics

How many people are in your household?

_____

Children at home?

▫ Yes ▫ No

Pets at home?

▫ Yes ▫ No

▫ I understand that Vibrant Wellness may keep my de-identified samples for research and development. I may request disposal of my blood and DNA sample by submitting a written request to

Vibrant Wellness, Attn: Research, 1360 Bayport Ave, Suite B, San Carlos, CA 94070 within 90 days of test completion.