

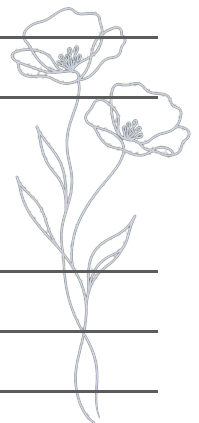


HEALTH ANALYSIS

1. What prompted you to seek a consultation?

2. What health concerns are you coming to me with?

3. Which symptoms appeared first?



4. How would you rate your overall well-being on a scale of 0–10?

(0 means very poor well-being, and 10 — excellent, full of energy.)

5. What medications are you currently taking?

(Please enter the name of the medication and the purpose for which it is used.)

6. What supplements, herbs or natural remedies do you use on a daily basis?

(Please enter what you take and why.)
