# Kinetic Edge Health – Quick Start Intake

## Basic Information

* First Name:
* Last Name:
* Date of Birth:
* Sex at Birth:
* State of Residence:
* Email:
* Phone Number:

## High-Level Health Snapshot (Check all that apply)

* High blood pressure
* High cholesterol
* Prediabetes or diabetes
* Difficulty losing weight / obesity
* Thyroid disorder
* Low testosterone or hormonal imbalance
* Sleep issues or sleep apnea
* Anxiety, depression, or chronic stress
* Autoimmune or inflammatory condition
* Chronic pain or injury
* None of the above

## Primary Health Goals (Choose up to 3)

* Weight loss / body recomposition
* Energy & fatigue
* Mental clarity & cognition
* Athletic performance & recovery
* Sexual performance & libido
* Hormone optimization
* Longevity & healthy aging
* Gut health & inflammation
* Sleep quality

## Top Priority

* Which ONE goal matters most right now?

## Experience Level (Check all that apply)

* Nutrition coaching
* Supplements
* Hormone therapy
* GLP-1 or weight-loss medications
* Peptides
* None of the above

## Readiness for Change

* On a scale of 1–10, how ready are you to make meaningful health changes?

## Motivation

* What made you decide to sign up today?