# KINETIC EDGE HEALTH

## Clinical Deep-Dive Intake (Final, Optimized Version)

Timing: After labs are drawn, before strategy visit

Target completion time: 20–25 minutes

Audience: Motivated, performance-oriented adults

SECTION 1: GOALS & CONTEXT

1. When was the last time you felt truly well?

2. What are the top 3 outcomes you want from working with us?

3. In 6 months, how would you know this program was a success?

4. What has not worked for you in the past?

SECTION 2: READINESS, STRESS & BARRIERS

Readiness (1–10):

Does stress affect your health? Yes / No

Biggest stressors:

Work, Family, Sleep, Financial, Health anxiety, Other

What could interfere with success?

SECTION 3: MEDICAL HISTORY

Metabolic/Cardiovascular: Obesity, Diabetes, HTN, HLD, Fatty liver, Heart disease

Hormonal: Low T, Thyroid disorder, Menopause, PCOS

GI/Immune: IBS, GERD, Celiac, SIBO, Autoimmune

Neurologic/Mental: Anxiety, Depression, ADHD, Cognitive issues, Migraine

Musculoskeletal: Joint pain, Tendon injury, Arthritis

Other diagnoses:

Major surgeries/hospitalizations:

Family history:

SECTION 4: MEDICATIONS & ALLERGIES

Current medications:

Supplements/peptides:

Drug allergies:

Food sensitivities:

SECTION 5: HORMONES & METABOLISM

Height, Weight

Weight change past year

Fat distribution

Symptoms checklist

Sex-specific notes

SECTION 6: GUT HEALTH

Bloating, Constipation, Diarrhea, Reflux, Food triggers

GI diagnosis

Recent antibiotics

Probiotics

SECTION 7: BRAIN & MOOD

Brain fog severity

Memory concerns

Mood concerns

Therapy

Family history of neurodegenerative disease

SECTION 8: SLEEP

Sleep duration

Rested on waking

Sleep disturbances

Sleep aids

Wearables

SECTION 9: ENERGY & PERFORMANCE

Daily energy pattern

Caffeine use

Exertional fatigue

SECTION 10: EXERCISE

Resistance training

Cardio

Sports

Injuries

SECTION 11: PEPTIDES

Prior use and outcomes

Interest level

Advanced therapies history

SECTION 12: LIFESTYLE & DIET

Diet pattern

Meals per day

Alcohol

Hydration

SECTION 13: AESTHETICS & LONGEVITY

Concerns

What does aging well mean to you?

SECTION 14: FINAL NOTES

Additional comments

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## SECTION 1: GOALS & CONTEXT (High Signal)

\*\*1. When was the last time you felt truly well?\*\*

(Short answer)

\*\*2. What are the top 3 outcomes you want from working with us?\*\*

1.

2.

3.

\*\*3. In 6 months, how would you know this program was a success?\*\*

(Short paragraph)

\*\*4. What has \*not\* worked for you in the past?\*\*

(Open text)

> ✅ Why this stays: anchors the entire visit and frames expectations

> ❌ Why we avoid “magic wand” language here: too duplicative with goal-setting

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## SECTION 2: READINESS, STRESS & BARRIERS

\* On a scale of \*\*1–10\*\*, how ready are you to make sustained lifestyle changes?

\* Do you feel stress meaningfully affects your health? ☐ Yes ☐ No

\* Biggest current stressors (check all that apply):

\* Work

\* Family

\* Sleep deprivation

\* Financial

\* Health anxiety

\* Other: \_\_\_\_\_\_\_

\*\*What do you think could interfere with your success in this program?\*\*

(Open text)

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## SECTION 3: MEDICAL HISTORY (Structured, Not Essay-Based)

\*\*Check all that apply (past or current):\*\*

\*\*Metabolic / Cardiovascular\*\*

\* Obesity

\* Prediabetes / diabetes

\* High blood pressure

\* High cholesterol

\* Fatty liver

\* Heart disease

\*\*Hormonal\*\*

\* Low testosterone

\* Thyroid disorder

\* Menopause / perimenopause

\* PCOS

\*\*GI / Immune\*\*

\* IBS

\* GERD

\* Celiac

\* SIBO

\* Autoimmune condition

\*\*Neurologic / Mental Health\*\*

\* Anxiety

\* Depression

\* ADHD

\* Cognitive concerns

\* Migraine

\*\*Musculoskeletal\*\*

\* Chronic joint pain

\* Tendon injuries

\* Arthritis

\*\*Other diagnoses not listed:\*\*

(Open text)

\*\*Major surgeries or hospitalizations (with year):\*\*

(Open text)

\*\*Family history of major illness:\*\*

(Open text)

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## SECTION 4: MEDICATIONS, SUPPLEMENTS & ALLERGIES

\* Current prescription medications (name + dose):

\* Supplements / peptides currently using:

\* Medication or supplement intolerances? ☐ Yes ☐ No

\* Drug allergies? ☐ Yes ☐ No (list):

\* Food allergies or sensitivities? ☐ Yes ☐ No (list):

> 🔑 Critical for peptide safety + GLP-1 decisions

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## SECTION 5: HORMONES, METABOLISM & BODY COMPOSITION

\* Height:

\* Weight:

\* Weight change in last 12 months: ☐ Gain ☐ Loss ☐ Stable

\* Where do you gain fat most easily?

\* Abdomen

\* Hips/thighs

\* Chest

\* Diffuse

\*\*Symptoms (check all that apply):\*\*

\* Fatigue

\* Brain fog

\* Cravings

\* Cold intolerance

\* Poor recovery

\* Low libido

\* Mood changes

\*\*Sex-specific\*\*

\* Men: Low T symptoms or TRT use?

\* Women: Menstrual status / HRT use?

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## SECTION 6: GUT HEALTH & INFLAMMATION

\* Bloating ☐

\* Constipation ☐

\* Diarrhea ☐

\* Reflux ☐

\* Food-triggered symptoms ☐

\* Known GI diagnosis (IBS, GERD, SIBO, celiac)?

\* Antibiotics in past 12 months? ☐ Yes ☐ No

\* Probiotic use? ☐ Yes ☐ No

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## SECTION 7: BRAIN, MOOD & COGNITION

\* Brain fog or poor focus? ☐ None ☐ Mild ☐ Moderate ☐ Severe

\* Memory concerns? ☐ Yes ☐ No

\* Mood concerns (anxiety, depression)? ☐ Yes ☐ No

\* Currently in therapy or counseling? ☐ Yes ☐ No

\* Family history of dementia or Parkinson’s? ☐ Yes ☐ No

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## SECTION 8: SLEEP & RECOVERY

\* Average sleep/night:

\* Feel rested on waking? ☐ Yes ☐ No

\* Trouble falling asleep ☐

\* Trouble staying asleep ☐

\* Snoring or sleep apnea ☐

\* Sleep aids (melatonin, meds, CPAP)?

\* Wearables used (Oura, Whoop, Apple Watch)? ☐ Yes ☐ No

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## SECTION 9: ENERGY, STAMINA & PERFORMANCE

\* Describe daily energy pattern:

\* Morning

\* Midday

\* Evening

\* Caffeine use:

\* None

\* 1–2/day

\* 3+/day

\* Do you feel disproportionately fatigued after minimal exertion? ☐ Yes ☐ No

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## SECTION 10: EXERCISE & MUSCULOSKELETAL

\* Resistance training: days/week

\* Cardio: days/week

\* Sports or competition?

\* Chronic pain or injury limiting training? ☐ Yes ☐ No

\* Prior PT, injections, or surgeries?

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## SECTION 11: PEPTIDES & ADVANCED THERAPIES

\* Prior peptide use? ☐ Yes ☐ No

\* If yes, which and outcome?

\* Interest level in peptides if appropriate:

\* Very interested

\* Open but cautious

\* Prefer conservative only

\* Prior NAD+, IV therapy, stem cell, or exosome treatments? ☐ Yes ☐ No

> ⚠️ Important: avoids listing specific peptides to prevent anchoring bias

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## SECTION 12: LIFESTYLE & DIET (High Yield Only)

\* Typical diet pattern:

\* Standard

\* High-protein

\* Low-carb

\* Mediterranean

\* Vegetarian/Vegan

\* Meals/day:

\* Alcohol (drinks/week):

\* Water intake (glasses/day):

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## SECTION 13: AESTHETICS, SEXUAL HEALTH & LONGEVITY

\* Concerns (check all):

\* Skin aging

\* Hair loss

\* Muscle tone

\* Sexual performance

\* Recovery speed

\*\*Describe what “aging well” means to you personally:\*\*

(Open text)

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## SECTION 14: FINAL NOTES

\*\*Is there anything else you want your provider to know before your visit?\*\*

(Open text)