Longevity & Preventive Health Screening Questionnaire

Which areas would you like to evaluate?

☐ Cardiovascular risk
☐ Cancer risk and screening
☐ Blood-sugar and metabolic health
☐ Cognitive health
☐ Bone health
☐ Hormonal health
☐ Kidney health
☐ Liver health
☐ Inflammation
☐ Nutrition
☐ Exercise and physical conditioning
☐ Sleep quality
☐ Healthy aging and maintaining independence
☐ Review of advanced testing options

Which family-history concerns apply?

☐ Early heart attack or stroke
☐ Diabetes
☐ Cancer
☐ Dementia
☐ Osteoporosis or hip fracture
☐ Kidney disease
☐ Sudden unexplained death
☐ No significant family-history concerns known

Are you interested in discussing any of the following?

☐ Coronary calcium scoring
☐ Carotid or vascular imaging
☐ Bone-density testing
☐ Genetic risk assessment
☐ Advanced laboratory testing
☐ Total-body MRI
☐ Specialty cancer-screening blood tests
☐ Unsure which testing may be appropriate

What is your primary preventive-health goal?

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