Peptivara Wellness Group

Client Intake, Medical History & Informed Consent Form

Premium Wellness Optimization & Physician Consultation Coordination

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This confidential intake form is intended to provide our medical partners and wellness coordination team with background health information to help identify potential contraindications, risk factors, and wellness goals prior to consultation. Completion of this form does not establish a physician-patient relationship and does not guarantee eligibility for any treatment or wellness protocol.

SECTION 1 • CLIENT INFORMATION

Full Legal Name: ____

Preferred Name: ____

Referral Source: ____

Address: ____

Date of Birth: ___________________ Age: _____________________

Gender: ____

Phone Number: ____

E-mail Address: ____

Emergency Contact Name / Number / Relationship:

____

SECTION 2 • WELLNESS GOALS

Primary wellness goals (check all that apply):

■ Fat Loss ■ Muscle Development ■ Recovery / Performance

■ Energy Optimization ■ Sleep Support ■ Healthy Aging

■ Cognitive Support ■ Hormone Optimization

■ Inflammation Support ■ Longevity ■ General Wellness

■ Other: ____

Please describe your wellness goals in detail:

____

____

____

SECTION 3 • MEDICAL HISTORY

Please indicate any conditions that apply:

■ High Blood Pressure ■ Diabetes ■ Thyroid Disorder

■ Heart Disease ■ Anxiety / Depression

■ Autoimmune Condition ■ Hormonal Imbalance

■ Cancer History ■ Liver / Kidney Issues

■ None

Current Medications:

____

Current Supplements:

____

Known Allergies:

____

Previous Peptide or Hormone Therapy Experience:

____

Primary Care Physician: _______________________________________

Are you currently under physician care? ■ Yes ■ No

SECTION 4 • LIFESTYLE INFORMATION

Height: ____________________ Weight: ____________________

Exercise Frequency: ____

Average Sleep Per Night: _______________________________________

Daily Water Intake: ____

Alcohol Use: ____

Tobacco / Nicotine Use: _______________________________________

Stress Level (1–10): ____

SECTION 5 • INFORMED CONSENT & ACKNOWLEDGEMENT

I understand that Peptivara Wellness Group provides wellness education, consultation coordination, and lifestyle optimization support.

I understand that any therapies, products, or recommendations discussed may require medical evaluation, approval, or prescription by an independent licensed medical provider.

I certify that the information provided in this form is accurate and complete to the best of my knowledge.

I understand that individual results may vary and no guarantees have been made regarding outcomes.

I consent to communication regarding scheduling, consultation coordination, and wellness follow-up.

■ I Agree

SECTION 6 • SIGNATURE

Printed Legal Name: ____

Signature: ____

Date: ____