



Patient Name: _____

Date: _____

1. On average, how many hours of sleep do you get per night? _____.
 - a. What is bedtime: ____ & waking time: ____
 - b. Do you have trouble falling asleep or staying asleep?
 - c. Do you feel refreshed after waking up in the morning?
2. How many servings of fruits and vegetables do you typically eat per day? _____
3. How many glasses of WATER do you drink per day? _____
4. How would you describe your current diet? (select all that apply)
 - Vegetarian Vegan Gluten-free Dairy-free Low-carb High-protein Keto Paleo Carb deficit intermittent Fasting
 - Other (please specify) _____
5. What are the TOP 5 FOODS you eat per WEEK: _____
Breakfast: _____
Lunch: _____
Dinner: _____
6. How many times a day do you eat? Breakfast/ Lunch/ Dinner/ Snacks: _____
7. Do you have any dietary restrictions or food allergies? Please specify.
8. Digestive Overview:
 - a. Do you experience any digestive problems such as bloating, gas, GERD, IBS or constipation?
 - b. IF YES, how often do you have symptoms? (daily, weekly, 1 x a month) _____
 - c. How LONG have you been experiencing symptoms? (Days, Weeks, Months, Years): _____ Started: _____
 - d. Are there any foods that trigger digestive discomfort?
9. How would you describe your digestion? (Please CIRCLE all that apply)
Regular and healthy Occasional indigestion Occasional constipation Occasional diarrhea
Chronic indigestion Chronic constipation Chronic diarrhea
Other (please specify) _____
10. How often do you experience happiness and contentment in your daily life, on a scale of 1 to 10? _____.
 - a. What activities or situations make you happiest?
 - b. Are there any aspects of your life that make you unhappy or stressed?
11. How well are you able to focus on tasks throughout the day, on a scale of 1 to 10? _____
12. How would you describe your mood on a typical day? Depressed / Anxious / Stressed / Neutral / Happy
13. On a scale of 1 to 10, how would you rate your Energy levels throughout the day? _____

14. How many days per week do you engage in moderate to vigorous exercise (e.g. brisk walking, jogging, cycling, swimming)? _____
15. How many days per week do you engage in weight training or resistance exercise? _____
16. Do you have any physical limitations or injuries that prevent you from exercising?
17. Do you take any vitamins or supplements regularly? (select all that apply)
- a. Vitamin D3
 - b. Omega-3 fatty acids
 - c. Probiotics
 - d. Other (please specify) _____
18. What is the MAIN GOAL for consuming Vitamins and Supplements: _____
19. On a scale of 1 to 10, how would you rate your overall strength? _____
20. What are your health and wellness goals? (Circle all that apply)
- a. Lose weight. Build muscle. Improve cardiovascular health. Improve flexibility.
 - b. Reduce stress. Improve mental clarity. Other (please specify) _____
21. Are you taking any prescription medications, over the counter medications?
LIST all here, dosage, to manage what conditions/ symptoms:
22. History of: Heart Disease, High Blood Pressure, Cancer: _____
23. Have you had Lab work done in the past 12 Months?
- a. IF no, are you opposed to Ethos ordering labs for you to get the latest update on your overall health?
24. If you could change ONE thing about your health NOW, so that in 5 YEARS from now that you would feel the benefits in you longevity, quality of life, and durability what would that be? _____
25. Have you in the past had any professional help with Diet, Exercise, Weight Loss, etc.?
- a. What did you like about it?
 - b. What was the reason it failed, or you did not stick with it?
26. Is there anything else you would like to share about your lifestyle or health that you think would be helpful for us to know to guide you towards better health and wellness?
27. How committed are you to starting a fitness, diet, and positive lifestyle program at Ethos to address the above areas, on a scale of 1 - 10? _____

Patient Signature

Date

SHOPPING LIST

***Buy organic** whenever possible
and *reduce pesticides by 80%.*



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VEGETABLES

- spinach*
- cilantro/parsley
- celery*
- mixed greens
- cucumber
- zucchini
- tomato
- turnip
- asparagus
- broccoli
- bell peppers*
- kale*
- collard greens*
- Brussel sprouts
- avocado
- cauliflower
- cabbage
- garlic
- green beans
- mushrooms
- sprouts
- lettuce: romaine/
green/red leaf*

STARCHY VEGGIES

- squash
- zucchini
- beets
- carrots
- parsnip

TUBERS

- Yams/ sweet potatoes*
- Red/White potatoes*

FRUIT

- apples*
- lemon
- lime
- blueberries*
- raspberries
- strawberries*
- pears
- peaches
- nectarines
- cranberries
- blackberries
- kiwi
- plums
- grapes
- organic raisins
- pineapple

NUTS AND SEEDS

- almonds
- almond milk
(unsweetened)
- walnuts
- sunflower seeds
- brazil nuts
- ground flax seeds or
flax meal
- pecans
- pumpkin
- nut butter
- almond/cashew
- coconut
- coconut milk
- organic cacao
- sesame seeds

PROTEIN

- chicken
- turkey
- sausage
- beef
- eggs
- fish
- wild game: deer, boar
- pork
- Jerky
- Lentils

EXTRAS

- salsa
- Dijon mustard
- herbs/spices
- green tea
- Essential supplements
- olive oil
- coconut oil
- organic butter
- real salt
- balsamic vinegar
- apple cider vinegar
- pesto
- stevia
- coffee
- hot sauce
- organic cream
- hard cheese
- dark chocolate 70 %+cacao

*Supplements Fill the Gaps:

- Whey Protein Powder
- Creatine • BCAA • Re-Lyte
- Vitamin D3/K2, • EPA/DHA
- Probiotics • Greens Powder