



# Genetic Wellness Screening

Our practice is pleased to offer a state of the art genetic wellness program based on the \$4 billion dollar human genome project that is allowing us to prevent and treat disease at its root cause. Please fill out this questionnaire, as it will help us determine the degree to which you may benefit.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Age \_\_\_\_\_

✓ (Check) what applies to you under the "ME" column, "FH" for Family History and "SO" for Significant Other

	ME	FH	SO	Comment		ME	FH	SO	Comment
Cataract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Crohn's Disease*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Macular Degeneration*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Ulcerative Colitis*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Glaucoma*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Erectile Dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uveitis*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Prostate Enlargement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetic Retinopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Memory Loss*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Chemical Sensitivities*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Migraine*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food Sensitivities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Diabetes Type 1*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parkinson's*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Diabetes Type 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alzheimer's*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Vaginal Dryness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tremor*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Hot Flashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arthritis*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Graves Disease*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rheumatoid Arthritis*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Periodontal Disease*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lupus*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Tinnitus*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADHD*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Psoriasis*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Autism*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Aging Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bipolar Disorder*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Cancer*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depression*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Breast Cancer*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Prostate Cancer*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coronary Artery Disease*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiomyopathy*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Irritable Bowel Syndrome*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>DOCTORS COMMENTS</b>					Addiction*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____					Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____					Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____									

Our goal is to preserve eyecare and vision by guiding overall wellness. We use a simple cheek swab and painless finger prick. This helps us provide a care plan with the goal of controlling genetic expression (turning on good genes and silencing bad genes).

\* = GEMS