**Dr. Vyacheslav Alec Pekler NMD**

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[www.DrHakunaMatata.com](http://www.DrHakunaMatata.com)

**Name: Date:**

**Please list the Current Medications (Please include prescribed and over the counter medications):**

1.

2.

3.

4.

5.

**Please list the Current Supplements:**

1.

2.

3.

4.

5.

**Please list all Current Therapies:**

**Sleep:**

What is your routine 2 hours before going to sleep?

What time do you usually go to sleep?

What time do you wake up in the morning?

Do you wake during the night? When? Do you go back to sleep?

**Water intake:**

How much water do you drink per day?

What kind of water:

Home filtered (what kind of filter)?

Plastic bottle?

Home Delivery?

Other:

**Dietary changes (Please describe your typical) :**

Breakfast:

Lunch:

Dinner

**Stress:**

Current Stress Levels (Please circle): 1 2 3 4 5 6 7 8 9 10

Please describe your current stressors:

**Exercise:**

Please describe how what do you do for exercising, how often and how long?

**Please describe amount of time spent outdoors:**

**Please tell the amount of time spent in front of computer screen per day:**

**Please list the old and the new concerns in the following tables**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Concern | Better | Same | Worse | Comments |
| **Ex: Headache** |  |  |  |  |
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