

Well One One-on-One Intake Form

Please complete this form and return it, along with any relevant test results, **at least 48 hours before** your scheduled consultation.

Purpose of the consultation

Your one-on-one session is designed to help you organize your health information, identify questions about testing and results, and explore resources you can discuss with your clinician. Well One helps you connect patterns across your history, symptoms, lifestyle, and biomarkers so you can ask more informed questions and make the most of your clinical appointments.

Depending on your goals and the information available, the discussion may include nutrition, herbs, exercise, medications, environmental exposures, or clinicians with expertise relevant to your particular pattern. Well One serves as an educational bridge between you and your healthcare team—not a replacement for clinical care.

Test results to submit

Please send any laboratory reports or other test results you think may be helpful. These may include routine or advanced bloodwork, microbiome testing, DUTCH testing, Genova Diagnostics reports, genetic testing, etc... You do not need to order new tests before the consultation.

About you

Full name:

Date of birth:

City and state:

Occupation and how long

Your health goals

What is your primary health concern?

What would you most like to gain from this consultation?

Are there particular biomarkers AKA as test results you would like to understand or discuss? If so, which ones?

How would you rate your current understanding of biomarkers?

1 (very limited) to 10 (very confident):

On a scale of 1-5 (1 being very important) How important is it for you to find a clinician who has seen your biomarker pattern across their patient population?

Health and family history

Please list any health conditions that run in your family and, if known, which relatives have them.

Family deaths: List age, cause and relationship

Have you completed genetic testing, such as 23andMe, AncestryDNA, or another test? If so, which test?

Have you ever been told that you have a genetic variant or mutation, or seen one noted in a genetic test report? If yes, please list the gene and specific variant, if known, and attach the report if available. It's okay if you're unsure what the finding means.

Have you worked with a functional or integrative medicine clinician? If yes, what was helpful, and what questions or challenges remain?

Food and daily habits

Are there foods that consistently make you feel better or worse? Please describe any symptoms you notice.

Describe a typical day of eating and drinking, including meals, snacks, and approximate portions. If you track protein, carbohydrates, or fats, you may include those amounts.

Do you currently follow a specific diet? If so, what is it, and how long have you followed it?

After eating and during digestion are your symptoms exacerbated or do you feel like your heart races more than usual.

Bowel Health

Do you feel tired or out of ordinary after a bowel movement?

How many bowel movements per day? Per week?

Are your bowels more hard or soft?

What do your bowels look like? Color, shape

Medications, supplements, and exposures

List any medications, herbs, or supplements you currently take. Include the dose and how long you have taken each, if known.

Are you exposed to chemicals or other substances at work, at home, or through hobbies that you would like to discuss?

Important Disclaimer

Well One provides education and resources; it does not diagnose conditions, prescribe treatment, or replace care from a licensed clinician. The goal is to help you bring clearer questions and organized information to your healthcare team for a more collaborative clinician–patient relationship.

I understand and agree to the above disclaimer.

Signature

Date