

CC:  Hypertension  Prediabetes  Metabolic Syndrome  Hypercholesterolemia  Other

# Advanced Cardiometabolic Analysis

Understanding key contributors to inflammation and insulin resistance will identify the best course of action to help improve cardiometabolic health. After reviewing the Advanced Cardiometabolic Analysis with your health care provider, please refer to the CM Vitals Patient Handbook for dietary, exercise, lifestyle and nutrient therapy recommendations.

## What would make this a successful program for you?

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## Stress

- Do you frequently feel worried, anxious, or on edge?
- Do you feel overly stressed?
- Do you experience mental foginess or have trouble concentrating?
- Do you have trouble falling or staying asleep?
- In the last six months, have you unintentionally lost or gained 10 or more pounds?

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## Diet

- Do you typically snack on chips, cookies, crackers or granola bars?
- Do you regularly consume soft drinks or fruit juices?
- Do you have frequent sugar cravings?
- Do you eat within three hours of bedtime?
- Do you regularly eat at restaurants or consume prepared foods from the grocery store?

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## Environmental Factors

- Are you sensitive to smells or fragrances?
- Do you regularly have less than one or more than three bowel movements per day?
- Do you take a laxative more than twice a month?
- Do you regularly have headaches or migraines?
- Do you have regular exposure to exhaust fumes, tobacco smoke, pesticides, commercial chemicals, paint, cleaning chemicals, or volatile fumes?

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## Exercise and Physical Activity

- Generally speaking, do you enjoy exercising?
- Do you exercise regularly?
- In the last month, how many exercise sessions did you complete? \_\_\_\_\_
- What is the average length of time of your exercise sessions? \_\_\_\_\_
- Please rate the intensity of your exercise sessions:



ICD 10: \_\_\_\_\_



Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Implementation Plan

Key area(s) to be addressed:

Toxic Burden

Diet

Stress

Exercise and Physical Activity

### Functional Lab Testing:

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\_\_\_\_\_  
\_\_\_\_\_  
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### Lifestyle Recommendations:

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\_\_\_\_\_

# Targeted Nutrients

| Formulation | Dose (capsules, tablets or scoops) | Frequency Per Day |
|-------------|------------------------------------|-------------------|
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