PROGRAM PANDORA

Questionnaire for High-end Health Care

Please print this document, fill in all requested fields and submit to pandora@genisysag.com in pdf format, to have priority access and optimization of treatment(s)

Basic Information			
Name:		**Sex:**	
Age:		**Occupation:**	
Nationality:		**Country:**	
Phone No.:		**Email:**	

a - Contraindications for Stem Cell Therapy		
a1	Female clients in menstrual period, pregnancy, and lactation	
a2	One who has protein or severe metal allergy	
a3	One who has severe coagulation disorder	
a4	One who in the active phase of tuberculosis	

Sub-health Issue Survey (Self-evaluation)

Please answer the following questions base on your real conditions

b - Physical Conditions	
b1	**General health conditions:** □ very good □ good □ fine □ poor □ very poor
b2	**Stamina:** □ very good □ good □ fine □ poor □ very poor

b3	**Appetite:** □ very good □ good □ fine □ poor □ very poor
b4	**Sleep quality:** □ very good □ good □ fine □ poor □ very poor
b5	**Urination & defecation:** □ very good □ good □ fine □ poor □ very poor
b6	**Fatigue:** □ Never □ seldom □ sometimes □ often □ always
b7	**Snoring:** □ Never □ seldom □ sometimes □ often □ always
b8	**Headache & back pain:** □ Never □ seldom □ sometimes □ often □ always
b9	**Skin conditions:** □ very good □ good □ fine □ poor □ very poor
b10	**Susceptible to cold & fever:** □ Never □ seldom □ sometimes □ often □ always

c - Psychological Conditions	
c1	**Adaptiveness:** □ very good □ good □ fine □ poor □ very poor
c2	**Memory:** □ very good □ good □ fine □ poor □ very poor
c3	**Concentration:** □ very good □ good □ fine □ poor □ very poor
c4	**Reaction capacity:** □ very good □ good □ fine □ poor □ very poor
c5	**Melancholy & Fidget:** □ Never □ seldom □ sometimes □ often □ always

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d - Social Adaptability	
d1	**Work performance:** □ very good □ good □ fine □ poor □ very poor
d2	**Workload:** □ very easy □ easy □ fair □ heavy □ very heavy
d3	**Interpersonal relationship:** □ very good □ good □ fine □ poor □ very poor
d4	**Family relationship:** □ very good □ good □ fine □ poor □ very poor
d5	**Enrichment in living:** □ very good □ good □ fine □ poor □ very poor

e - Do you have the following experience?				
No.	**Subject**	**Yes**	**No**	**Unclear**
e1	Do you sit still most of the time?			
e2	Do you smoke more than 20 cigarettes a day?			
e3	Do you drink lots of alcohol in the long term?			
e4	Do you often have neck and shoulder pain, upper and lower limbs numbness?			
e5	Does your skin look dull with speckles?			
e6	Do you often feel dizzy and headache?			
e7	Do you often have blurred vision or abnormal color vision?			
e8	Have you had a persistent hoarseness recently?			
e9	Do you often have paroxysmal wheeze?			
e10	Do you have the following symptoms that cannot be relieved after two weeks of treatment: irritating dry			

	cough, blood in phlegm, chest pain, fever, and polypnea?			
e11	Do you have symptoms of urination discomfort, chronic diarrhea or constipation?			
e12	Do you have a history of trauma?			
e13	Do you have a history of allergy or infectious diseases?			
e14	Do you have a history of hypertension or thrombosis?			
e15	Do you have a long history of medication?			
e16	Have you found dyslipidemia in your recent physical examination? Or are you currently accepting lipids-modulating therapy even though the blood lipids are normal?			
e17	Have you done an ECG recently that suggests myocardial ischemia or other abnormalities?			
e18	Have you done blood tests recently that suggest abnormalities of erythrocyte and leukocyte?			
e19	Do you sit still most of the time?			

Additional Information

Please add extra information which you believe might be important

f – Extra Information