

Fort Myers Primary Care & Wellness

Comprehensive Wellness Report

SAMPLE REPORT — Illustrative Purposes Only

Patient: Sample Patient
DOB: January 1, 1972 | Age: 52 | Male
Visit: Annual Comprehensive Wellness Assessment

Report Date: April 2026
Provider: FMPW Concierge Wellness — Cape Coral, FL
Membership Tier: Full-Time (<65) — Longevity Optimization

1. Executive Summary

This 52-year-old male presents at a **critical health inflection point** — metabolic dysfunction (prediabetes, insulin resistance), a moderate-high cardiovascular risk profile, vitamin D and B12 deficiencies, early sarcopenic body composition, and a body age 9 years above his chronological age. These findings are significant, yet they represent a **fully reversible window** with committed intervention. With targeted lifestyle modification, evidence-based supplementation, and close monitoring, reversal of prediabetes, recovery of functional body age, and a dramatically reduced cardiovascular risk profile are realistic goals within 12 months.

Metabolic Health
MODERATE

Cardiovascular
MOD-HIGH

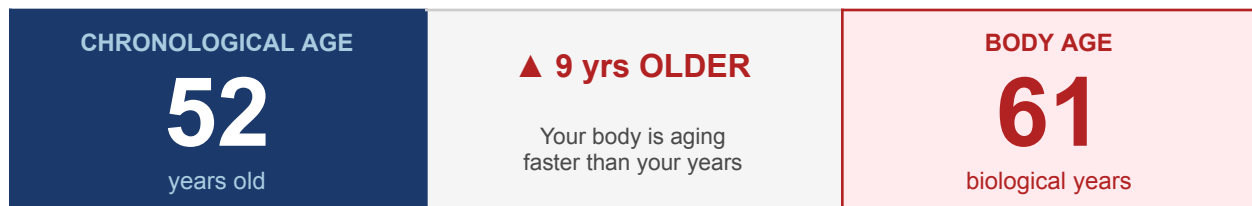
Brain / Cognitive
MODERATE

Sarcopenia Risk
MODERATE

2. Biophysical Profile & Body Composition Analysis

The biophysical profile integrates body composition, metabolic markers, and functional data to calculate a comprehensive picture of physical health — including your biological (body) age compared to your calendar age.

Body Age vs. Chronological Age



⚠ **What this means:** A body age 9 years above chronological age indicates accelerated physiological aging driven primarily by excess visceral fat, insulin resistance, reduced muscle mass, and chronic low-grade inflammation. Each of these drivers is modifiable. The goal is to close — and eventually reverse — this gap through the interventions outlined in this report.

What Is Driving Your Body Age?

Driver	Current Finding	Impact on Body Age
Visceral Fat (Level 14)	Strongly pro-inflammatory; acts as metabolic hormone disruptor	+3 to +4 years
Insulin Resistance (HOMA-IR 3.81)	Accelerates cellular aging and vascular stiffness	+2 to +3 years
Low Skeletal Muscle Mass (28.3%)	Reduced metabolic reserve; higher fall/disability risk	+2 years
Chronic Inflammation (hsCRP 2.4)	Promotes oxidative stress and accelerated tissue damage	+1 to +2 years
Vitamin D Deficiency (18 ng/mL)	Impairs immune function, hormonal balance, bone health	+1 year
Elevated Homocysteine (14.2)	Accelerates vascular aging and neurological decline	+1 year

✓ **Goal:** With adherence to this plan, a body age reduction of 4–7 years within 12 months is achievable — a clinically significant and measurable milestone.

Body Composition Metrics (InBody Analysis)

Weight: 218 lbs (99 kg) BMI: 31.4 — Class I Obesity Body Fat Mass: 74.6 lbs (33.9 kg) Body Fat Percentage: 34.2% (Optimal: <25%)	Visceral Fat Level: 14 (Optimal: <10) Basal Metabolic Rate: 1,820 kcal/day Total Body Water: 107.4 lbs (48.8 L) Protein Mass: 32.6 lbs (14.8 kg)
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Skeletal Muscle Mass: 67.4 lbs (30.6 kg)
Muscle as % of Body Wt: 28.3% (Optimal: >35%)

Bone Mineral Content: 7.1 lbs (3.2 kg)
Body Score (InBody): 62 / 100

Key Composition Metrics — Visual Status

Metric	Value	Visual (0 Optimal)	Status
Body Fat % Optimal: <25%	34.2 %		✗ Needs Attention
Skeletal Muscle % Optimal: >35%	28.3 %		▲ Borderline
Visceral Fat Optimal: <10	14 level		✗ Needs Attention
Body Score Target: >80	62 /100		▲ Borderline
Protein Mass Optimal: >17 kg	14.8 kg		▲ Borderline
BMR Adequacy For muscle building: >2000	1820 kcal		▲ Borderline

Segmental Muscle & Fat Distribution

Segment	Muscle (lbs)	Fat (lbs)	% Body Fat	Status
Right Arm	7.2	2.8	28%	Normal
Left Arm	6.9	2.9	30%	Borderline
Trunk	29.8	32.6	52%	High Fat
Right Leg	21.4	9.1	30%	Borderline
Left Leg	21.6	9.0	29%	Normal

Trunk fat excess is most clinically significant — this is the visceral fat compartment driving metabolic and cardiovascular risk. Left-right arm asymmetry (0.3 lbs) is within acceptable range but warrants monitoring.

3. Functional Testing Results

Functional assessments measure how well your body performs — going beyond lab numbers to evaluate real-world physical capacity, vascular health, and organ reserve. These results are powerful predictors of longevity and quality of life.

3A. Grip Strength Assessment

Test	Result	Norm (Male, 50–54)	Interpretation
Right Hand Grip	34.2 kg	35–45 kg (normal)	Below average — low range
Left Hand Grip	32.8 kg	35–45 kg (normal)	Below average — low range
Average Grip	33.5 kg	35–45 kg (normal)	28th percentile for age/sex
L/R Asymmetry	1.4 kg	<3 kg difference	Within acceptable range

Clinical Significance: Grip strength is one of the strongest predictors of all-cause mortality, cardiovascular events, and future disability — more predictive than many traditional risk factors. At the 28th percentile, this patient is in the **below-average zone for his age**. Evidence shows that every 5 kg improvement in grip strength is associated with a 17% reduction in cardiovascular mortality. Target: ≥40 kg average by 12 months.

3B. Cardiovascular / Vascular Assessment

Assessment	Result	Normal / Target	Interpretation
Resting BP (Seated)	138 / 86 mmHg	<120/80 mmHg	Stage 1 HTN — action needed
Resting Heart Rate	74 bpm	50–70 bpm (optimal)	Slightly above optimal
Ankle-Brachial Index (R)	1.08	0.90–1.30 normal	Normal — no PAD
Ankle-Brachial Index (L)	1.06	0.90–1.30 normal	Normal — no PAD
Pulse Pressure	52 mmHg	<40 mmHg optimal	Mildly elevated — vascular stiffness
O ₂ Saturation	98%	≥95%	Normal

Ankle-Brachial Index (ABI): Values 0.90–1.30 indicate normal peripheral arterial flow. Both sides are normal, ruling out significant peripheral arterial disease (PAD) at this time. Re-assess annually given metabolic risk factors.

Pulse Pressure of 52 mmHg (normal <40) is an early indicator of arterial stiffness — a consequence of chronic low-grade inflammation and insulin resistance. This is a target for improvement through lifestyle and supplement interventions.

3C. Pulmonary Function (Spirometry)

Parameter	Result	Reference	Interpretation
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FEV₁ (1-sec volume)	3.18 L	≥80% predicted (3.9 L)	82% predicted — low normal
FVC (forced vital cap.)	4.02 L	≥80% predicted (4.8 L)	84% predicted — low normal
FEV₁/FVC Ratio	0.79	≥0.70 normal	Normal — no obstruction
Peak Flow	480 L/min	450–620 L/min (men 52)	Low-normal range

Mild reduction in FEV₁ and FVC — likely related to BMI and deconditioning rather than intrinsic pulmonary disease. FEV₁/FVC ratio normal, ruling out obstructive pattern. Aerobic conditioning and weight loss expected to significantly improve these values. If values don't improve with fitness gains, formal pulmonologist evaluation is recommended.

3D. Metabolic Functional Testing

Test	Result	Optimal Target	Interpretation
Sit-to-Stand (30 sec)	13 reps	≥14 reps (age-norm)	Borderline — lower body power
Balance (Single-leg, R)	18 sec	≥20 sec	Mildly reduced — fall risk
Balance (Single-leg, L)	16 sec	≥20 sec	Mildly reduced — fall risk
6-Min Walk Distance	1,640 ft	≥1,700 ft (age-adj.)	Borderline aerobic capacity
Waist Circumference	42.5 in	<40 in (men)	Metabolic syndrome criterion ✓
Waist-to-Height Ratio	0.56	<0.50 optimal	Elevated — visceral adiposity

Key Takeaway: Multiple functional domains are in the borderline-to-poor range — aerobic capacity, balance, lower body power, and central adiposity. This pattern is consistent with early deconditioning compounded by metabolic dysfunction. **None of these findings are irreversible.** With 12–16 weeks of structured exercise, measurable improvements across all functional domains are expected.

3E. Functional Age & Capacity Summary

Domain	Current	12-Month Goal	Priority
Grip Strength	28th %ile (33.5 kg)	≥50th %ile (≥40 kg)	HIGH
Aerobic Capacity	Borderline (1,640 ft/6MWT)	Normal (>1,800 ft)	HIGH
Lower Body Power	Borderline (13 reps/30s)	Normal (≥16 reps)	HIGH
Balance / Stability	Mildly reduced (17 sec)	≥25 seconds	MODERATE
Pulmonary Function	Low-normal (82% FEV ₁)	Normal (≥90% predicted)	MODERATE
Vascular Function (ABI)	Normal (1.07)	Maintain normal	LOW

4. Key Findings & Laboratory Results

Priority Finding #1 — Prediabetes & Insulin Resistance

<p>Flagged Values</p> <ul style="list-style-type: none"> HbA1c: 5.9% (Optimal: <5.5%) Fasting Glucose: 108 mg/dL (Optimal: <90) Fasting Insulin: 14.2 µIU/mL (Optimal: <8) HOMA-IR: 3.81 (Optimal: <1.5 — significant insulin resistance) 	<p>Clinical Significance</p> <p>Insulin resistance precedes T2 diabetes by years. HOMA-IR 3.81 means the pancreas is working 2.5× harder than optimal. Without intervention, 5-year diabetes risk approaches 35–40%. Fully reversible with lifestyle change.</p>
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Priority Finding #2 — Cardiovascular Risk Profile

<p>Flagged Values</p> <ul style="list-style-type: none"> LDL: 138 mg/dL (Optimal: <100) ApoB: 112 mg/dL (Optimal: <80) TG/HDL Ratio: 4.4 (Optimal: <2.0) hsCRP: 2.4 mg/L (Optimal: <1.0) Blood Pressure: 138/86 mmHg 	<p>Clinical Significance</p> <p>10-year ASCVD risk ~11% — borderline high threshold. ApoB elevation is the true atherogenic driver. Elevated hsCRP confirms active inflammatory atherogenesis. Simultaneous HTN amplifies risk. Proactive intervention now prevents events over the next decade.</p>
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Priority Finding #3 — Vitamin D & B12 Deficiency

<p>Flagged Values</p> <ul style="list-style-type: none"> Vitamin D (25-OH): 18 ng/mL (Optimal: 50–70 ng/mL) Vitamin B12: 248 pg/mL (Optimal: >600 pg/mL) Homocysteine: 14.2 µmol/L (Optimal: <8 µmol/L) Magnesium (RBC): 4.8 mg/dL (Optimal: 5.2–6.8) 	<p>Clinical Significance</p> <p>Vitamin D deficiency amplifies insulin resistance and inflammation. B12 deficiency at this level causes subclinical neurological effects and elevates homocysteine — a vascular and brain aging accelerant. Correcting both is high-yield, low-cost, and will improve multiple downstream biomarkers.</p>
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Full Laboratory Panel

TEST	RESULT	OPTIMAL RANGE
HbA1c	5.9% ▲	<5.5% optimal
Fasting Glucose	108 mg/dL ▲	<90 mg/dL optimal
Fasting Insulin	14.2 µIU/mL ▲	<8 µIU/mL optimal
HOMA-IR (calc.)	3.81 ▲	<1.5 optimal
LDL Cholesterol	138 mg/dL ▲	<100 mg/dL optimal
HDL Cholesterol	42 mg/dL ▲	>50 mg/dL (men)
Triglycerides	185 mg/dL ▲	<100 mg/dL optimal
ApoB	112 mg/dL ▲	<80 mg/dL optimal
hsCRP	2.4 mg/L ▲	<1.0 mg/L optimal

Total Cholesterol	218 mg/dL	<200 mg/dL
TC/HDL Ratio	5.2 \triangle	<3.5 optimal
TG/HDL Ratio (calc.)	4.4 \triangle	<2.0 optimal
Vitamin D (25-OH)	18 ng/mL \triangle	50–70 ng/mL optimal
Vitamin B12	248 pg/mL \triangle	>600 pg/mL optimal
Homocysteine	14.2 μmol/L \triangle	<8 μ mol/L optimal
Magnesium (RBC)	4.8 mg/dL	5.2–6.8 mg/dL
AST	32 U/L	10–40 U/L
ALT	38 U/L	7–56 U/L
FIB-4 Index (calc.)	0.82	<1.30 low fibrosis risk
eGFR	88 mL/min/1.73m ²	>90 mL/min
TSH	2.4 mIU/L	0.5–2.5 mIU/L optimal
Blood Pressure	138 / 86 mmHg \triangle	<120/80 mmHg
Ferritin	86 ng/mL	30–200 ng/mL

5. Treatment Recommendations

5A. Supplement Protocol

Supplements should be initiated in a stepwise fashion and reassessed based on follow-up labs. All interactions with current medications should be reviewed at your visit.

TIER 1 — START IMMEDIATELY | Critical Deficiencies & Foundations

- Vitamin D3 5,000 IU + K2 (MK-7) 100mcg daily with a fatty meal — loading phase 8–12 weeks, then reassess. Target: 50–70 ng/mL. Addresses insulin resistance, inflammation, immune function, and cardiovascular risk simultaneously.
- Methylcobalamin B12 1,000–2,000mcg sublingual daily — fasting, morning. Corrects documented deficiency, lowers homocysteine, protects neurological function. Target: B12 >600 pg/mL.
- Methylfolate 400–800mcg daily — paired with B12 for homocysteine pathway support.
- Omega-3 EPA/DHA 2–4 g/day (triglyceride form) with dinner — reduces triglycerides 20–30%, lowers hsCRP, cardiovascular protection. Evidence: Strong.
- Magnesium Glycinate 300–400mg 60 min before bed — insulin sensitivity, sleep, BP, inflammation. Often depleted in prediabetes.

TIER 2 — WEEKS 2–4 | Metabolic & Cardiovascular Optimization

- Berberine HCl 500mg with meals (2–3×/day) — natural AMPK activator, improves insulin sensitivity (HOMA-IR ↓30–40%), lowers LDL and triglycerides. Evidence: Strong for prediabetes.
- CoQ10 Ubiquinol 200mg daily with breakfast — mitochondrial energy, antioxidant, essential if statin therapy initiated.
- Psyllium Husk Fiber 5–10g in water before largest meal — reduces post-meal glucose spike, lowers LDL 5–10%. Evidence: Strong.
- Alpha-Lipoic Acid (R-ALA) 300–600mg daily — insulin sensitizing, anti-inflammatory. Synergistic with berberine.

TIER 3 — MONTHS 2–3 | Muscle, Longevity & Anti-Inflammatory

- Creatine Monohydrate 3–5g daily post-workout — preserves and builds skeletal muscle, improves grip strength, emerging cognitive benefits. Critical given low grip and body age gap. Evidence: Very Strong.
- Curcumin (BCM-95 or Theracurmin) 500–1000mg daily with black pepper — directly lowers hsCRP, anti-inflammatory. Evidence: Moderate-Strong.
- NAC (N-Acetyl Cysteine) 600mg once daily — liver support, glutathione precursor, anti-inflammatory.

5B. Natural & Food-Based Approaches

Powerful evidence-based strategies that complement — and sometimes rival — pharmaceutical interventions. Implement immediately alongside supplements.

Concern	Evidence-Based Natural Approaches
Blood Pressure	<ul style="list-style-type: none">• Beet Root Juice / Powder: 1 cup daily — dietary nitrates reduce systolic BP 4–10 mmHg (evidence: strong). Highly accessible in Florida.• Hibiscus Tea: 2 cups daily — shown to reduce systolic BP ~7 mmHg; comparable to low-dose antihypertensive.

	<ul style="list-style-type: none"> • Dark Chocolate (70%+ cacao): 1 oz daily — flavonoids improve endothelial function. • DASH-aligned eating: Potassium-rich foods (avocado, greens, banana) counteract sodium's BP effect. • Reduce sodium to <2,000 mg/day; eliminate processed foods.
Blood Sugar / Insulin	<ul style="list-style-type: none"> • Apple Cider Vinegar: 1–2 tbsp in water before meals — reduces post-meal glucose 20–30% by slowing gastric emptying. • Ceylon Cinnamon: ½–1 tsp daily — improves insulin sensitivity. (Ceylon, not Cassia.) • Resistant Starch: Cool cooked rice/potatoes before eating — converts to gut fiber, lowers glucose response. • 10-minute walk after every meal — more effective at lowering glucose than a 30-min pre-meal walk. • Overnight 12–14 hour fast — dramatically improves insulin sensitivity.
Cholesterol / Inflammation	<ul style="list-style-type: none"> • Steel-Cut Oats: 1 serving daily — beta-glucan fiber reduces LDL 5–10% (evidence: strong). • Fatty Fish (salmon, sardines): 2–3×/week — equivalent to moderate fish oil supplementation. • Extra Virgin Olive Oil: Replace all other cooking oils — raises HDL, reduces LDL oxidation. • Ground Flaxseed: 2 tbsp daily — reduces LDL up to 10% via soluble fiber and lignans. • Raw or aged garlic: Natural mild ACE-inhibitor effect; reduces LDL and inflammation.
Sleep & Stress	<ul style="list-style-type: none"> • Tart Cherry Juice: 8 oz before bed — natural melatonin source; improves sleep duration. • Ashwagandha (KSM-66): 300–600mg nightly — reduces cortisol 20–28%, improves sleep latency. • L-Theanine 200mg at bedtime — promotes calm without sedation. • Cold exposure (cool shower 60–90 sec): Activates parasympathetic nervous system, reduces cortisol naturally.

5C. Prescription Medication Considerations

Based on current findings, the following medications warrant collaborative discussion. The decision to initiate will be made after reviewing response to lifestyle and supplement interventions.

Medication	Indication & Expected Benefit	Timing
Metformin ER	Prediabetes with HOMA-IR >2.5 and BMI >30. Reduces diabetes progression 31%, longevity data emerging. Monitor B12.	Consider at 90-day visit if lifestyle insufficient
Statin (Rosuvastatin)	LDL 138 + ApoB 112 + 10-yr ASCVD ~11%. Target LDL <100, ApoB <80. Always pair with CoQ10 200mg.	Consider at 90-day visit if diet insufficient
ACE-I / ARB	Stage 1 HTN + prediabetes. Cardiac and renal protection beyond BP lowering. Trial lifestyle 60–90 days first.	If BP not at goal by 60–90 days
GLP-1 Agonist	BMI 31.4 + prediabetes + insulin resistance. 10–15% weight loss, HbA1c ↓, CV benefit. Pair with high protein + resistance training.	Option if weight plateaus or patient preference

5D. Peptide Therapy — Future Options

Note: Peptide therapies are off-label, not FDA-approved for these indications, and require informed consent. They represent an advanced escalation option once foundational interventions are established. These options will be discussed in detail during follow-up visits.

Based on this health profile, the following peptides may be considered as part of a future personalized escalation strategy:

- BPC-157 — GI healing, systemic repair, gut-brain axis support; especially relevant with GLP-1 therapy.
- AOD-9604 — Targeted visceral and metabolic fat reduction.
- Ipamorelin / CJC-1295 — Growth hormone secretagogue combination for muscle preservation, sleep, and recovery.
- TB-500 — Tissue repair, anti-inflammatory, muscle recovery.
- Epithalon — Longevity; telomere support and immune modulation.
- Thymosin Alpha-1 — Immune optimization and anti-inflammatory effects.

6. Lifestyle Modification Plan

Exercise Prescription

Resistance Training	<p>3–4 days/week — PRIORITY #1. Builds muscle that directly corrects insulin resistance, grip strength, and body age.</p> <ul style="list-style-type: none"> Compound movements: squats, deadlifts, push/pull, rows, presses 3 sets × 8–12 reps with progressive overload (add weight when 12 reps feel easy) Consume 30–40g protein within 2 hours post-workout Track weekly: log weights to ensure progressive overload
Zone 2 Cardio	<p>150–200 min/week at conversational pace — the metabolic sweet spot for fat oxidation and insulin sensitivity.</p> <ul style="list-style-type: none"> Walking, cycling, swimming — 4–5 days × 30–40 min Target HR: 115–135 bpm (adjust as fitness improves) 10-minute post-meal walks count — powerful glucose lowering
Balance & Mobility	<p>2–3×/week — addresses borderline single-leg balance scores and reduces fall risk.</p> <ul style="list-style-type: none"> Single-leg stance: 3 × 20–30 sec each side, eyes open then closed Heel-to-toe walking: 20 steps forward and back Yoga or tai chi: 1×/week recommended for balance and flexibility

Nutritional Guidance — Mediterranean Low-Glycemic Pattern

✓ EMPHASIZE	⚠ MODERATE	✗ LIMIT / AVOID
<ul style="list-style-type: none"> Salmon, sardines, mackerel Chicken breast, eggs, turkey Greek yogurt, cottage cheese Lentils, chickpeas, beans Cruciferous vegetables (all) Berries, apples, citrus Quinoa, steel-cut oats Extra virgin olive oil Avocado, nuts, seeds Leafy greens (unlimited) 	<ul style="list-style-type: none"> Brown rice, sweet potato Whole grain bread (1–2 slices) Fruit (2–3 servings/day) Alcohol (max 4–7/week) Natural sweeteners sparingly Cheese in moderation 	<ul style="list-style-type: none"> Sugary beverages & juices White bread, rice, pasta Fried foods Processed/deli meats Trans fats, seed oils Fast food Pastries, candy, desserts

Daily Protein Target: 130–155 g/day (1.2–1.4 g/kg) — critical for muscle building and preventing loss on GLP-1

Overnight Fast: 12–14 hours minimum (e.g., 7 PM – 7 AM) — markedly improves insulin sensitivity

Hydration: 80–100 oz water daily

Glucose Hack: 1–2 tbsp apple cider vinegar before meals + 10-min walk after — together reduce post-meal glucose 30–40%

<p>Sleep Optimization Target: 7–9 hours nightly</p>	<p>Stress Management Cortisol elevation raises blood sugar and BP</p>
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- Consistent schedule: bed ~10 PM, wake ~6 AM
- Cool bedroom 65–68°F, dark, quiet
- Screens off 9:30 PM; dim lights by 9 PM
- Morning light 10–20 min within 30 min of waking
- Tart cherry juice + Magnesium + L-Theanine at bedtime
- Ashwagandha nightly to reduce cortisol
- Discuss sleep study if snoring or daytime fatigue

- Box breathing: 4-4-4-4 cadence, 5 min × 2–3×/day
- 10–20 min daily meditation (Headspace, Calm)
- 20–30 min outdoor nature time — especially easy in Cape Coral
- Gratitude journaling: 3 items nightly
- Cold shower 60–90 sec: natural parasympathetic activation
- Prioritize meaningful social connections
- Consider therapy if stress consistently >7/10

7. Goals & Milestones

Timeline	Target Goals
30 Days	<ul style="list-style-type: none"> Establish supplement routine (Vit D, B12, Omega-3, Magnesium, Berberine) Resistance training 3×/week + Zone 2 cardio 4–5×/week Daily protein ≥130 g and 12-hour overnight fast Sleep 7+ hours consistently Post-meal walks established as habit Beet root / hibiscus tea for BP daily
90 Days	<ul style="list-style-type: none"> HbA1c trending toward <5.7%; fasting glucose <100 mg/dL HOMA-IR improving toward <2.5 Weight loss 10–15 lbs; visceral fat level ≤12 Grip strength improvement ≥5 kg (target: >38 kg average) Vitamin D >40 ng/mL; B12 >400 pg/mL; Homocysteine trending down Body age improvement of 2–3 years measurable on body composition scan Single-leg balance improving toward ≥22 seconds
12 Months	<ul style="list-style-type: none"> HbA1c <5.5% — prediabetes reversed HOMA-IR <1.5; fasting insulin <8 μU/mL Weight loss 20–30 lbs; BMI <27; visceral fat <10 LDL <100 mg/dL; ApoB <80; hsCRP <1.0 mg/L Grip strength ≥40 kg — 50th percentile or above for age Vitamin D 50–70 ng/mL; Homocysteine <8 μmol/L Body age ≤ chronological age (goal: body age 49–52) Balance ≥25 sec single leg; sit-to-stand ≥16 reps Sustainable habits established — possible medication reduction

8. Monitoring & Follow-Up

Timeframe	Assessment
3 Months	Fasting labs: HbA1c, insulin, glucose, lipids, hsCRP. Body composition scan (InBody). Grip strength. Medication discussion.
6 Months	Full metabolic panel. Body composition. Functional testing repeat. Adjust plan.
Annually	Comprehensive wellness panel. All functional tests. Body composition. Preventive screenings review.

Target Biomarker Goals

Biomarker	Current	12-Month Target
HbA1c	5.9%	<5.5%
Fasting Glucose	108 mg/dL	<90 mg/dL
HOMA-IR	3.81	<1.5

LDL Cholesterol	138 mg/dL	<100 mg/dL
ApoB	112 mg/dL	<80 mg/dL
hsCRP	2.4 mg/L	<1.0 mg/L
Vitamin D	18 ng/mL	50–70 ng/mL
Vitamin B12	248 pg/mL	>600 pg/mL
Homocysteine	14.2 µmol/L	<8 µmol/L
Blood Pressure	138/86	<125/80
Body Fat %	34.2%	<25%
Grip Strength (avg)	33.5 kg	≥40 kg
Body Age	61 years	≤52 years (goal)
Visceral Fat Level	14	<10

Clinical Disclaimer: These recommendations are based on health data and represent a comprehensive approach to wellness optimization. All supplement, medication, and peptide recommendations should be implemented under medical supervision. Please notify our office immediately if you experience adverse reactions. This plan is collaborative and may be modified based on your response and new information. Follow-up testing is essential to ensure safety and efficacy. This is a SAMPLE REPORT created for illustrative purposes with de-identified / simulated patient data.

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