

Client: Jared Madsen (6318)

Dec 03, 2025

1. Please note: fields with a red asterisk are mandatory.

Legal First Name: Jared Legal Last Name: Madsen Date of Birth: 12/15/1980 (age 44)

Minor's Guardian Full Name, If Applicable: _____ Gender: Male Street Address of Residence: 2925 E 3150 S Apt./Unit #: _____

City of Residence: St George State of Residence: UT Zip Code: 84790 Mobile Phone: (435) 680-5667

Email: jared.t.madsen@gmail.com

2. The client allows MedScape GFE to perform the good faith exam and for the good faith exam to be released to: RegenesiS Wellness Appointment made? Yes

3. Please state the date and time of the appointment:

11/28/25, 11:00am

4. Check all treatments to have now or possibly would like in the future below: *Note: MedScape GFE does not determine the treatment route and/or dosages nor prescribes. RegenesiS Wellness advises on treatment options within their clinic, scope of practice and protocols according to their medical director's guidelines.

☒ Peptide Therapy/Weight Loss

5. Under any type of medical care? (i.e. PCP, OB/GYN, allergist, naturopath, mental health, specialist)

No

6. List ALL medications below including homeopathic supplements and vitamins. If none apply, please write in "none".

	Name of Medication:	Start Date:
1	<u>None</u>	

7. List ALL surgeries and hospitalizations below. This includes ALL implantation of objects placed in the body that one is not born with ie devices, stents, piercings. If none apply, please write in "none".

	Type of Surgery/Hospitalization:	Date and Year of Surgery/Hospitalization:
1	None	

8. List ALL allergies below and/or dietary restrictions. If none apply, please write in "none".

	Type of Allergy:	Reaction:
1	None	

9. Vitals & Measurements

Height (ft/in or cm) 6'-2"	Weight (lbs or kg) 210
Have you noticed any recent changes in your weight? No	Do you have personal wellness or body goals you'd like us to know about? Longevity
If "other", please specify	

10. Health History - Circulatory and Respiratory System (Please select all that apply):

- ☒ Other
- None
- None

11. Health History - Nervous System (Please select all that apply):

- ☒ Herpes/Shingles
- HSV-2
- If "other", please specify

12. Health History - Digestive System (Please select all that apply):

- ☒ None of these
- client denies
- If "other", please specify

13. Health History - Skin (Please select all that apply):

- ☒ None of These
- client denies
- If "other", please specify

14. Health History - Other (Please select all that apply):

☒ **None of these**

client denies

If "other", please specify

15. Health History - Cancer

Have you ever been diagnosed with cancer?

No

Has any immediate family member (parents, siblings, children) been diagnosed with cancer?

No

If "other", please specify

If yes, please specify type, date of diagnosis, and current status (active, in remission, or treated) N/A for No.

N/A

If yes, Please specify relation, type of cancer, and age at diagnosis. N/A for No.

N/A

16. Health History - Mental Health & Emotional Well-Being

Do you have a history of depression, anxiety, or other mental health conditions?

No

Have you ever been hospitalized for a mental health condition?

No

If "other", please specify

If yes, are you currently receiving treatment (medication, counseling, or therapy)? N/A for none.

None

If yes, please specify when and which hospital. N/A for none.

None

17. Health History - Hair Health

Do you currently experience hair loss, thinning, or shedding?

Yes

If "other", please specify

Have you tried any treatments for hair loss in the past?

No

18. Please answer the lifestyle questions below:

Average stress level:

None

On average, how many days per week for alcohol consumption?

Several days per week (3-5 days)

Smoke, vape, or chew tobacco?

None

Recreational drugs?

Special occasions (a few times a year)

On average, how many glasses of fluids (including water, juice, and decaffeinated tea) are consumed daily? (Glass = 8 ounces)

Less than 4 glasses

Currently following any specific diet plan? If so, please specify which one(s): ☒ **None of these**

19. Approval and/or deferral to medical director's SOPs (description of treatment(s) that client is approved and/or deferred for). Please select all that apply treatments for approved and/or deferred to medical director's SOPs with Regenesi Wellness. MedScape GFE does NOT condone any off label administration or dosing of ANY treatments. We will approve, however, it is ONLY depending on if Regenesi Wellness medical director allows for off label treatment(s). For any off label administration and dosage, Regenesi Wellness must follow policies and procedures as approved by your clinics medical director. If Regenesi Wellness medical director does not allow for said off label treatment(s), the good faith exam note provided by MedScape GFE's and the high-level provider will be null and void.

Treatment(s) client is approved and/or denied to receive at Regenesi Wellness (select ALL that apply to visit):

☒ **Peptide Therapy/Weight Loss**

Treatment(s) deferred to Regenesi Wellness medical director's SOPs with the reason(s) for deferral. If no explanation(s) is/are necessary, please write "not applicable":

na

Clarification(s) needed from the client before approval. The client MUST resubmit with clarification(s) requested by the good faith exam high-level provider. If the client does not provide what the good faith exam high-level provider requests, the note is void, and therefore, the client is denied. If no explanation(s) is/are necessary, please write "not applicable":

na

Term(s) of approved treatment(s) (select ALL that apply):

☒ **1 year (unless medical condition(s) change, medication(s) change and/or anything if anything is added to what is stated and approved in this GFE. If any of the aforementioned apply, the client must be re-seen at the time of discovery AND before their next appointment/treatment(s)**

Provide treatment name(s) and explanation(s) for short-term approval(s) (under one year approval). If no explanation(s) is/are necessary, please write "not applicable":

na

e-signature

Dec 03, 2025

Good Faith Exam completed by the following MedScape GFE Practitioner:

Tangular Barnes, FNP-BC

Signed by Tangular Barnes on Dec 03, 2025 at 09:28 AM from IP 45.17.88.***