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Combine Your Executive Health Check-Up with a 3-5 Night Wellness Vacation at the Leading Golf & Spa Resort in Los Cabos





Most comprehensive Executive Health Check-Up and VIP Wellness Vacation in Mexico

Unique and creative method to enhance your health and well-being

Taking care of you... is our priority 💎





Prevention of disease is the key to good health.

With early detection most diseases and illnesses can be treated and cured. Why not start the New Year with a personal health check-up for a detailed assessment of your health?

Saint Luke's Hospital has a team of highly skilled doctors and medical professionals who specialize in preventive medicine, using the latest testing equipment and technology that can detect many diseases before they start. The hospital operates the Saint Luke's Executive Health & Wellness Clinic, which provides comprehensive Executive Health Programs and Wellness Vacations for busy executives, to enhance one's health and well-being.

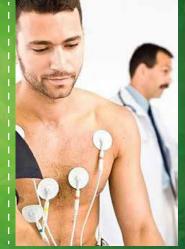
If you lead a demanding and stressful lifestyle, an Executive Health Check-Up is definitely right for you. The check-up is tailored to meet your individual needs with a thorough examination of the body to detect the slightest symptom that could indicate potential health problems and major disease

The comprehensive Executive Health Check-Up includes the following tests and evaluations, and is custom-made for you:

EXECUTIVE HEALTH CHECK-UP

Includes:

- Detailed medical history and physical examination by an internal medicine specialist
- Full range of screening tests for early detection of cancer, heart disease, and other serious conditions, including full blood tests, cholesterol and lipid profile, urinalysis and blood chemistries to detect diabetes, kidney and liver disease, and thyroid abnormalities; check vitamin D, vitaminB12 & iron levels.
- Testosterone testing
- PSA testing
- Cardiovascular fitness evaluation, including resting EKG, cardiac stress test, blood pressure readings
- Pulmonary health evaluation
- Chest X-ray
- Bone density test
- . HIV testing
- Stool exam & occult blood





- Abdomen Ultrasound
- Prostate Ultrasound
- Audiology evaluation
- Eye exam with glaucoma screening
- Dermatology evaluation
- Weight, fitness and stress evaluation, including nutrition consults and body composition test.
- Review of medications, vaccinations and immunizations needed for international travel
- Lifestyle assessment, including review of nutrition, stress
- management, alcohol, tobacco and other indication of disease.
- Exit interview with internal medicine specialist and review of all your tests and a full report which you may wish to discuss with
- your personal doctor when you return home.
- For Women:
- Mammogram
- Pelvic exam & Pap Smear
- Additional Services:
- CT angiography
- Full body CT scans to identify potential problems and disease
- Colonoscopy*
 - Gastroscopy*

(*extra charge)

Saint Luke's Executive Health & Wellness Clinic offer the best VIP Health & Wellness Vacations in Mexico.

The VIP Health & Wellness Vacation Package:

This package has been specially designed so you can combine your Executive Health Check-Up program with a Wellness Vacation at the top-rated Golf & Spa Resorts in Los Cabos. The Wellness Vacation package includes 3-5 nights stay at the leading Golf & Spa Resort, and enjoy an array of soothing and rejuvenating spa therapies, and skin treatments at the world-renowned Spa & Health Clubs, plus recreational activities such as Golf and Sports Fishing, and full concierge service, making the vacation a relaxing and life-enhancing experience.

The VIP Health & Wellness Vacation includes:

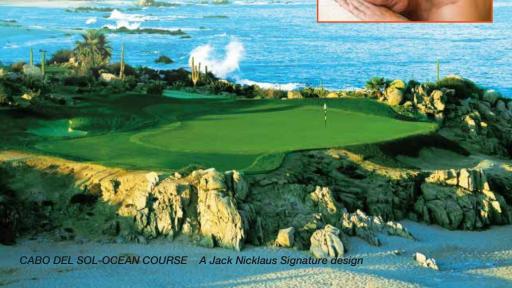
- Comprehensive Executive Health Check-Up customized for your personal health needs (full day)
- 3-5 nights luxury accommodations for two at Sheraton Hacienda Del Mar Golf & Spa Resort, Grand Fiesta Americana Golf & Spa Resort or Hilton Los Cabos Resort.
- Full day at the renowned Somma Wine Spa, Cactus Spa and other leading spas for an array of rejuvenating spa therapies and skin treatments, and daily use of Gym and hydrotherapy facilities (includes \$500 US voucher)
- Golf at Jack Nicklaus Ocean Course at Cabo del Sol, rated #1 in Mexico, or day of Sport Fishing aboard charter yacht.
- Private chauffeur/hostess for airport transfers, medical appointments, recreational activities and sightseeing tours, providing full concierge services during your stay.
- Travel & Medical insurance in Mexico.











Total cost of package:

The total cost of the Executive Health Check-Up and VIP Wellness Vacation with 3-5 nights accommodation, spa treatments, golf and personal concierge service, is normally less than the cost of having a comparable Executive Health Check-Up in the USA. Your insurance may cover some of the diagnostic tests, and the hospital will bill each item separately to help with your claim. The spouse will pay extra for a health check-up, however the cost of accommodations and spa treatments are included in the 3-5 night Wellness Package. The Women's health check-up start at \$400 US and details for this and other health check-up packages can be viewed online:

www.saintlukeshospitals.com/check-ups.php



The price of the Executive Health Check-Up plus the VIP Wellness 3-5 night package normally range from \$4000 -\$6,500 US (for a couple), depending on the tests performed and the wellness package purchased. Price does not include airfares, and if required, the cost of a check-up for the spouse. For detailed costs of the package, contact:

info@saintlukeshospials.com
Telephone 624 142 5911 (24/7)
Or complete the Health and Wellness Questionnaire below

Return the completed questionnaires and based on the tests required and the duration of your stay, you'll receive the total cost of the package which has been customized for your personal health needs and preferences.



















CABO SAN LUCAS

Fracc. 6 Lote-12 Av. Aguajitos, Cabo San Lucas, B.C.S. info@saintlukeshospitals.com HOTLINE: 624 142 5911 (24/7)

SAN JOSE DEL CABO

Calle Ignacio Zaragoza Downtown San José, B.C.S. info@saintlukeshospitals.com HOTLINE: 624 142 5911 (24/7)

For complete details about
THE EXECUTIVE HEALTH & WELLNESS VACATION PACKAGE
click the links below

EXECUTIVE HEALTH
PROGRAM
And Medical Questionnaire

CLICK HERE

5-NIGHT SPA & GOLF
WELLNESS VACATION

And Vacation Questionnaire

CLICK HERE

A FANTASTIC VACATION IN CABO

THE EXECUTIVE HEALTH PROGRAM

Taking care of you... is our priority







Participants in this health program will receive a medical questionnaire in advance of their visit. This will enable the consulting doctors at Saint Luke's to assess if any special tests should be scheduled to assist in the overall planning of the tests and evaluations which are custom-made to your personal health needs.

THE EXECUTIVE HEALTH CHECK-UP

Provides a detailed assessment of your overall physical health, and typically includes the following tests and consultations:

- · Detailed medical history and physical examination by an internal medicine specialist
- Full range of screening tests for early detection of cancer, heart disease, and other serious conditions, including full blood tests, cholesterol and lipid profile, urinalysis and blood chemistries to detect diabetes, kidney and liver disease, and thyroid abnormalities; check vitamin D, vitamin B12 & iron levels.
- · Testosterone testing
- · PSA testing
- · Cardiovascular fitness evaluation, including resting EKG, cardiac stress test, & blood pressure readings.
- · Pulmonary health evaluation
- · Chest X-ray
- · Bone density tests
- · HIV testing
- · Stool exam & occult blood
- · Abdomen Ultrasound
- Prostate Ultrasound
- · Audiology evaluation
- · Ophthalmology evaluation
- · Dermatology evaluation
- · Weight, fitness and stress evaluation, including nutrition consults and body composition test.
- · Review of medications, vaccinations and immunizations needed for international travel
- · Lifestyle assessment, including review of nutrition, stress management, alcohol, tobacco and other indicators of disease risk.
- An exit interview with an internal medicine specialist and review of all your tests and a full report in English, which you may wish to discuss with your personal doctor when you return home.

For Women:

- Mammogram
- Pelvic exam & Pap Smear

In addition, the following tests and services are available if required:

- · CT angiography
- Full body CT scans (abdomen, pelvis, chest) to identify potential problems and disease
- Cosmetic surgery consultations
- · Colonoscopy*
- Gastroscopy* (*extra charge)

The consultations and tests for the health check-ups are conducted by highly skilled English speaking doctors at Saint Luke's, using the latest testing equipment and technology, and usually completed within 8 hours, over a convenient one day or two ½ days.

Date: _____

Below is your personal medical questionnaire to be completed and sent to Saint Luke's by email at least 15 days before planning your trip. This will allow sufficient time to receive from Saint Luke's your customized program and the cost.

EXECUTIVE MEDICAL QUESTIONNAIRE

This medical questionnaire will be used to evaluate your health, and should be answered as accurately and completely as possible, and all the information will be kept strictly confidential.

Home Address:					
Telephone: Day		Evening:			
Email address:		Fax	:		
Date of Birth:	Birth	Place:			
Are you employed: Yes	No Retired	l: Yes No [Occupation:		
Marital Status: Married	Single	Divorced] Widowed [
Name of emergency contact	:				
Address of contact:					
Telephone: Day		Ev	ening:		
Relationship:					
Names of Physicians and M	edical Professionals in	volved in your h	nealth care:		
Names of Physicians and M	edical Professionals in Specialty	volved in your h		Fax	
				Fax	
				Fax	
				Fax	
	Specialty	Telephone		Fax No	
Name	Specialty	Telephone	9		
Name Do you take prescription or	Specialty non-prescription med	Telephone	Yes	No 🗌	
Name Do you take prescription or	Specialty non-prescription med	Telephone	Yes	No 🗌	
Name Do you take prescription or	Specialty non-prescription med	Telephone	Yes	No 🗌	
Name Do you take prescription or	Specialty non-prescription med	Telephone	Yes	No 🗌	
Name Do you take prescription or	Specialty non-prescription med	Telephone	Yes	No 🗌	
Name Do you take prescription or	Specialty non-prescription med	Telephone	Yes	No 🗌	
Name Do you take prescription or	Specialty non-prescription med	Telephone	Yes	No 🗌	
Name Do you take prescription or	Specialty non-prescription med	Telephone	Yes	No 🗌	

re you allergic to any medications, supplements or any substance? No ame of Medication / Supplement	Yes	ame of Supplement	Taken For	Dosage	Frequency	Any Side Effects?	
ame of Medication / Supplement Reaction Supplement Reaction	Yes No Date of Onset Yes No Comments Yes No						
ame of Medication / Supplement Reaction Reaction	Yes No Date of Onset Yes No Comments Yes No						
Iame of Medication / Supplement Reaction	Yes No Date of Onset Yes No Comments Yes No						
MEDICAL HISTORY Do you have any current health problems? Have you had any major illnesses or surgeries? Have you had any major illnesses or surgeries? Have you had any major illnesses or surgeries? Date Comments Comment	Yes No Date of Onset Yes No Comments Yes No						
Alame of Medication / Supplement Reaction	Yes No Date of Onset Yes No Comments Yes No						
MEDICAL HISTORY Do you have any current health problems? Yes No Date of Onset Health problems Date of Onset Have you had any major illnesses or surgeries? Yes No Date Comments Dither significant diseases LIFESTYLE: Smoking: Have you ever smoked cigarettes?: Yes No How many years have you smoked: If you have quit, when did you quit?: How many cigarettes did you smoke a day?: Have you used tobacco in other forms (cigars, pipe)? Yes No Model Alcohol:	Yes No Date of Onset Yes No Comments Yes No	Are you allergic to any m	edications, supplemen	its or any substa	ince?	Yes No	
Do you have any current health problems? Health problems Date of Onset Have you had any major illnesses or surgeries? Hoo	Yes No Somments Yes No	Name of Medication / Sup	plement Reaction	1			
Do you have any current health problems? Health problems Date of Onset Date of	Yes No Soments Yes No						
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Do you have any current health problems? Health problems Date of Onset Have you had any major illnesses or surgeries? Hoo	Yes No Yes No Yes No No Yes No						
Have you had any major illnesses or surgeries? Have you had any major illnesses or surgeries? Date Comments Comm	Yes No Yes No Yes No No Yes No	MEDICAL HISTOR	Y .				
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Have you had any major illnesses or surgeries? No	Yes		·			Date of Onset	
Date Comments Dither significant diseases LIFESTYLE: Smoking: Have you ever smoked cigarettes?: How many years have you smoked: f you have quit, when did you quit?: How many cigarettes did you smoke a day?: Have you used tobacco in other forms (cigars, pipe)? Alcohol:	Yes No Yes No No		_				
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LIFESTYLE: Smoking: Have you ever smoked cigarettes?: How many years have you smoked: If you have quit, when did you quit?: How many cigarettes did you smoke a day?: Have you used tobacco in other forms (cigars, pipe)? Alcohol:	pe)? Yes No						
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How many cigarettes did you smoke a day?:	pe)? Yes No						
How many cigarettes did you smoke a day?:	pe)? Yes No						
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Alcohol:							
	Yes No No	Have you used tobacco ir	ı other forms (cigars, pip	pe)?	Y	es No	
	Yes No No	Machali					
Do you currently drifts alcohor?	res 🔝 🔃 NO 📋		ohol?		V	oo □ No □	
		Jo vou currentiv drink alc	OHOLE		V.	esii NOII	

Do you currently use recreat	ional druge:			Yes 🗌	No
Do you currently use recreat	ioriai urugs:			res	INU [
How many days a month do	you use rec	reational drugs	s?		
Type of recreational drugs yo	ou use:				
Exercise:					
Do you exercise frequently?				Yes	No L
Type of exercises, and ho	w often pe	r week:			
Diet & Nutrition					
Describe your typical breakfa	ast, lunch ar	nd dinner			
Do you have intolerance to a	iny particula	r food?			
FAMILY MEDICAL HISTOR	Y				
	Living	Deceased	Age	Major Illnesses / Cause o	"
Mother					f Death
Monei				.,	t Death
				.,.	f Death
Father					f Death
Father Maternal Grandmother					f Death
Father Maternal Grandmother Maternal Grandfather					f Death
Father Maternal Grandmother Maternal Grandfather Paternal Grandmother					f Death
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Father Maternal Grandmother Maternal Grandfather Paternal Grandmother Paternal Grandfather	etic disea	se' in your fa	amily,		
Father Maternal Grandmother Maternal Grandfather Paternal Grandmother Paternal Grandfather Sisters/brothers (specify):	_	se' in your fa	_		e:

Immunizations Have you had the following	immunizations?:		
Tetanus Pneumonia Vaccine Influenza Hepatitis A	Year: Year: Year: Year:	Hepatitis B Measles/Mumps Shingles	Year: Year: Year:
Have you had or tested pos	sitive for?:		
Chicken Pox			
Tuberculosis			
HIV			
Hepatitis			
Venereal disease			

Diagnostic Tests

Have you had any of the following tests and date performed?:

	Date	Result
EKG or ECG		
Exercise Stress test		
Chest X-ray		
Cholesterol Level		
Triglyceride Level		
Other Lipid Data		
PSA test		
Colonoscopy		
Bone Densitometry		
Mammogram		
Pap test		
Other tests		

SYMPTOM REVIEW

General	
Your current weight	kg./lbs.
Your height	cm./in.
Your maximum weight past 3 years	kg./lbs.
	kg./lbs.
If yes, please specify:	
Do you have a recent unexplained weight le	oss or gain? Yes No
Do you experience excessive tiredness?	Yes No
Is your appetite stable?	Yes No
Have you had recent fevers, night sweats of	or chill? Yes No
Do you have frequent trouble sleeping?	Yes No
How many hours average sleep at night? _	hrs.
, , , , , ,	
Diagon indicate if you are had a war	hlam with any of the assessment on acceptions listed below.
Please mulcate ii you ever nau a pro	oblem with any of the symptoms or conditions listed below
Cardiovascular:	If yes, is this still a problem?
Chest pain or pressure	Yes No
Rapid/irregular heartbeats	Yes No
Heart attacks	Yes No
Heart murmurs	Yes No
Fainting/Lightheadedness	Yes No
High blood pressure	Yes No
Rheumatic fever	Yes No
Calf pain with exercise	Yes No
Varicose veins	Yes No
Phlebitis (blood clots)	Yes No
Swollen legs or feet	Yes No
High blood cholesterol	Yes No
High blood triglycerides	Yes No
Eyes/Ear/Nose/Throat:	If yes, is this still a problem?
Date of last eye exam	ii yes, is tilis still a problem:
Eye or vision problem	Yes No
Glaucoma	Yes No
Cataracts	
Surgery for eyes	Yes No
	Yes No L
Hearing loss	Yes
Ringing in ears	Yes
Chronic ear infections	Yes
Snoring	Yes No No
Nose congestion or sinus trouble	Yes
Dental problems	Yes No No
Sore throat	Yes No No
Sorge/ulcare in mouth	Vac Na

Bone and Joint:	If yes, is this still a problem?
Chronic joint and muscle pain	Yes No
Back pain	Yes No
Swollen/stiff joints	Yes No
Implanted plates, pins or screws	Yes No
Arthritis	Yes No
Osteoporosis	Yes No
Endocrine:	If yes, is this still a problem
Thyroid problems or goiter	Yes No
Diabetes	Yes No
Testosterone deficiency	Yes No
Very frequent urination	Yes No
Excessive thirst	Yes No
Pulmonary:	If yes, is this still a problem?
Chronic cough	Yes No
Wheezing or shortness of breath	Yes
Asthma	Yes No
Tuberculosis or pneumonia	Yes No
Cough up blood	Yes No
Gastrointestinal:	If yes, is this still a problem?
Fatty food intolerance	Yes No
Nausea or vomiting	Yes No No
Abdominal pain	Yes No L
Frequent diarrhea	Yes No
Blood in stool	Yes No
Heartburn	Yes No
Jaundice	Yes No
Liver disease	Yes No
Hemorrhoids	Yes No
Ulcers	Yes No
Colon polyps	Yes No
Chronic constipation	Yes No No
Neurological:	If yes, is this still a problem?
Severe nervousness/anxiety	Yes No
Depression	Yes No
Trouble concentrating	Yes No
Frequent or severe headaches	Yes No
Blackouts	Yes No
Dizziness	Yes No
Numbness or tingling arms/legs/face	Yes No
Difficulty sleeping	Yes No
Epilepsy or seizures	Yes No
Impaired memory	Yes No
Psychological counseling	Yes No

Dermatology:		If yes, is this still a problem?
Skin cancer		Yes
Skin rash		Yes No
Psoriasis		Yes No
Changing moles		Yes No No
Change in skin color		Yes No No
Loss of hair		Yes No
Changes in nails		Yes No O
Urinary:		If yes, is this still a problem?
Urinary problems (pain	or fraguency)	Yes No
Urinary infections	or frequency)	Yes No
Blood in urine		Yes No
Kidney stones		Yes No No
Sexual dysfunction		Yes No No
HIV positive/AIDS		Yes No
For Men:		If yes, is this still a problem?
Impaired libido		Yes No
Prostate problems		Yes No No
Difficulty urinating		Yes No No
Penile discharge		Yes No
Pain in testicles		Yes No
Difficulty achieving erec	tion	Yes No L
For Women:		
	vou boon prognant?	
The number of miscarri		
Are you still having mer	-	Yes No
	<u>-</u>	
Date of last menstrual of	•	
		pically last:
now often do you get yo	our menstruar cycle? _	
If you no longer have	your menstrual cycle	es
At what age did they sto	op	
Do you experience hot	flashes? Yes	No □
Do you experience vagi		No 🗍
Have you had any blee	· —	
0		
Comments		
Other Tests:		
	Date	Results
Mammogram		
Pap test		
Rone Density Test		

Thank you for completing this medical questionnaire. Should you have any questions or concerns about your health, please enter below any other information you would like the physician to know or address.

Please forward to Saint Luke's the following documents at least 7 days before your visit:

- 1) All relevant medical records and reports of any tests conducted within the past year.
- 2) The attached completed questionnaire
- 3) List of questions you would like to ask the doctor

Please return your completed Medical questionnaire and Wellness Vacation questionnaire by email to:

confidentialquestionnaire2@gmail.com

For general inquiries: healthwellnessloscabos@gmail.com / Telephone: 52 624 157 1970

Go to Wellness Vacation questionnaire

CLICK HERE

3-5 Night Wellness Vacations In Los Cabos

Combine your health check-up with a little adventure, relaxation and exotic location, and what do you get?

A fantastic vacation in Los Cabos.







If you lead a stressful lifestyle, an executive health check-up is right for you.

Why not combine your health check-up with a rejuvenating Wellness Vacation at a top-notch Spa Resort in Los Cabos. Includes 3-night accommodations at a top-rated Spa Resort at Cabo del Sol or Cabo Real. Plus an array of soothing and revitalizing spa therapies and skin care treatments at the world renowned Somma Wine Spa and at other top-rated spas in Cabo like the Desert Spa, with daily use of the gym and hydrotherapy facilities.



Click on Image to see the video

Luxury accommodations at the best Resorts

The 5-night Wellness Vacation includes luxury accommodations at a Spa Resort, and recreational activities such as golf at the Jack Nicklaus Cabo del Sol Ocean course, rated #1 in Mexico, or an exciting day of Sport Fishing aboard charter yacht. Plus a day of sightseeing and shopping in Cabo San Lucas. You'll have a private chauffeur/hostess meet you at the airport, and coordinate your visits from the resort to the medical center and all recreational activities, and provide full concierge services during your stay in Cabo.

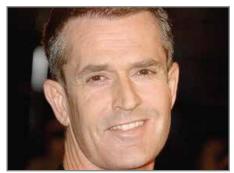




Enhance your appearance and self-esteem

In addition to the comprehensive Executive Health Check-up, we have skilled cosmetic surgeons and dermatologists on hand for those who elect to have skin treatments and cosmetic surgery to improve their appearance and self-esteem, such as *eyelid surgery*, *face/neck lift*, *liposuction*, *nose surgery*, *ear surgery*, *and forehead/brow lift*. Our surgeons blend surgical skills with artistic talent to achieve the very best results





Recapture your youthfulness

At our modern medical spa you can select from a range of treatments such as *botox*, *chemical peels*, *filler substances and laser therapies* using the most advanced state-of-the-art laser equipment such as LightSheer ET and Fractional CO2 Laser. The medical spa offers a multi-faceted approach to recapture youthfulness and total skin and body rejuvenation.







Or simply relax and enjoy our rejuvenating spa treatments at the top-rated Spa Resorts in Los Cabos. We can normally negotiate up to 30% discount off the advertised rates. View link:http://www.luxuryvillacollections.com/documents/CatusSpaMenu_000.pdf







After completing your comprehensive Executive Health Check-Up, you can then hit the freeways on some of the best golf courses in Mexico, or enjoy world-class sport fishing, and spa lovers will get to spend all day being pampered in the spa. With over 25 years experience bringing vacationers to Los Cabos, we are confident your Wellness Vacation will be an enjoyable and memorable experience.

To plan the Wellness Vacation personalized for you, simply complete the following questionnaire.

Wellness Vacation Questionnaire

The Wellness Vacation questionnaire provides information for the planning and costing of activities, spa treatments and accommodations during your visit to Los Cabos, and should be answered as completely as possible and returned with the medical questionnaire.

Date:	
Name:	
Name of Spouse: (if applicable)	
Home Address:	
Telephone: DayEvening	
Vacation period: 3 nights 5 nights More than 5 nights (specify)	
Select month you prefer for wellness vacation in 2016:	 otember
Health Check-Up Plan selected: Executive Comprehensive Health Check-Up: 8 hours (one full day or two ½ days) (Please complete the Medical Questionnaire for calculation of the cost) Men's Basic Check-Up: 2 hours (from \$400 US) Women's Basic Check-Up: 2 hours (from \$400 US) Note: To participate in the Wellness Vacation program, you must select one of these check-ups plans.	
Cosmetic and Spa Treatments: Do you require cosmetic facial surgery? Yes No Select type of surgery required: (View link: http://www.saintlukeshospitals.com/cosmetic.php) Eyelid Nose Face/Neck lift Ear Forehead/Brow lift Other (specify)	
Do you require medical spa treatments? Yes No Select type of treatments: (View link: http://www.saintlukeshospitals.com/dermatology.php)	
Botox Cheek Lift Chemical Peel Dermabrasion Facial Fillers Facial Wrinkles	
Laser Hair Removal	
Do you require rejuvenating spa treatments? Yes No Select type of spa treatments: (View link: http://www.luxuryvillacollections.com/documents/CatusSpaMenu_000.pc (Prices normally up to 30% less than these advertised rates).	odf)
Swedish Massage Sports Massage Hot Stone Massage Deep Tissue Personalized F	acial
Facial for Men Body Wraps Exfoliations Salon Services Other (specify)	

Recreational Activities:
For Golfers: Do you need golf clubs? Yes No Preferred Tee Times:
Select golf course you prefer to play: View link: https://www.youtube.com/watch?v=5dLthuF3V5Y
Top-rated Courses: Cabo Del Sol Ocean Cabo Del Sol Desert Quivira *Cabo Real Palmilla
• W. •
Quality Courses: *Country Club
How many rounds you prefer to play: One Round Two Rounds Other (specify)
(Special rates)
For Anglers:
Select Sports Fishing Charters: View link: www.youtube.com/watch?v=SlQ7IMUZqm4
Top Charters: *Pisces *Picante Cabo Magic
Quality Charters: Cabo Fishing ☐ RedRum ☐ Pochos ☐ Others (specify)
Full day Trip Half day Trip Number of Trips (*special rates)
Accommodations:
Luxury Spa & Golf Beach Resorts: (Select your choice):
View Link http://www.fivestaralliance.com/luxury-hotels/266/los-cabos
Cabo San Lucas: *Grand Fiesta Americana *Sheraton Hacienda del Mar *Villa del Arco
San Jose Del Cabo: *Hilton Los Cabos Club Regina Barcelo Grand Faro
Others: (specify)(*special rates)
Other Quality Hotels: (Select your choice):
Cabo San Lucas: Marriott Los Cabos *Bahia Hotel *Marina Fiesta *Marina Fiesta **
San Jose Del Cabo: Holiday Inn *Club Solaris Tropicana Inn Characteristics Tropicana Inn Tropicana I
Others: (specify)(*special rates)
Do you want All Inclusive? Yes No
Other special requests:
Chauffeur/Hostess Service:
Do you require airport transfer to hotel and medical appointments? (no charge) Yes No
Do you require a chauffeur/hostess for all transfers, including sightseeing tours? Yes No
Thank you for completing this wellness questionnaire. Should you have any questions, please enter below any other information you would like us to know.
any other information you would like as to know.

Please send the completed Wellness Vacation questionnaire together with the Medical questionnaire as an attachment by email to:

confidentialquestionnaire2@gmail.com

For general inquiries: healthwellnessloscabos@gmail.com / Telephone: **52 624 157 1970**