

THE EXECUTIVE HEALTH BLIND SPOTS

What your annual physical may not reveal about risks developing quietly, and why seeing the whole picture matters

*You have spent decades building your company,
your wealth and your life.*

Protect the health that allows you to keep leading it and living it.

Dr. Darrel Collins

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Founder, HealthSpan Longevity Living

More than 20 years of clinical experience, including invasive and preventive cardiology

LOOK DEEPER. FIND WHAT CAN BE FOUND EARLIER. PROTECT WHAT MATTERS MOST.

Why this guide exists

You may feel well, stay active, eat reasonably well and receive a reassuring physical every year. Yet important threats to cardiovascular health, cognition, metabolic health and long-term physical function can develop quietly before they become obvious in everyday life.

The purpose of this guide is not to convince healthy people that they are sick. It is to help you ask better questions about the health behind your ability to think clearly, lead, travel, exercise, remain independent and enjoy the life you have built.

The question is not whether medicine can predict everything. It cannot.

THE BETTER QUESTION IS:

What can we know now that could meaningfully change what happens next?

The HLL Stage Zero Framework

The HLL Stage Zero Framework is HLL's educational framework for the clinically important period before disease becomes symptomatic, obvious or conventionally diagnosed, when meaningful risk may already be measurable and earlier action may have greater value.



You may still feel well and function normally while meaningful risk factors, physiological changes or early disease processes are developing beneath the surface. That does not mean every healthy person has hidden disease, or that every possible test should be ordered. It means the right clinical question may sometimes justify looking more closely.

Earlier visibility is useful only when the information can meaningfully change a decision.

Where earlier visibility can matter

The relevant questions differ from person to person. The goal is not exhaustive testing. It is clinically appropriate evaluation of the areas where better information could change prevention, screening, treatment or follow-up.

01

CARDIOVASCULAR RISK BEYOND THE STANDARD LIPID PANEL

Do I understand the cardiovascular risk that may not be obvious from a routine office visit or conventional lipid panel?

Depending on the person, clinically appropriate evaluation may include a deeper look at atherogenic particle burden, inherited risk, blood pressure, metabolic context, family history, symptoms, fitness, prior imaging and other information that could meaningfully change prevention. The goal is not to order every possible test. The goal is to ask the right question and obtain information that can change a decision.

02

METABOLIC HEALTH BEFORE OVERT DIABETES

Could metabolic dysfunction be developing before routine glucose testing becomes obviously abnormal?

Metabolic health should be interpreted in context. Changes in body composition, waist circumference, blood pressure, lipids, glucose regulation, energy and cardiovascular risk may tell a more useful story when considered together than when each number is viewed in isolation.

03

COGNITIVE HEALTH AND SUBTLE MIDLIFE CHANGE

Am I simply forgetting things because I am busy, or is something changing?

A name takes slightly longer to retrieve. Concentration is less effortless. Mental fatigue appears earlier in the day. Many midlife changes are benign, but some deserve thoughtful evaluation. Sleep, medications, mood, vascular risk, metabolic health, hearing and other factors may all be relevant to cognitive performance.

Where earlier visibility can matter

04

ENERGY, STAMINA AND PHYSICAL RESERVE

Why does the long day feel longer than it used to?

You may still work, exercise and perform at a high level, but the reserve is smaller. Recovery takes longer. Four o'clock feels different from eight o'clock. Sometimes this is ordinary aging. Sometimes clinically relevant contributors can be identified and addressed. The point is not to medicalize every change. It is not to dismiss every change either.

05

CANCER SCREENING TAILORED TO PERSONAL RISK

Does my current screening strategy adequately reflect my personal and family risk?

High-quality screening begins with established recommendations, but age is not the only piece of context. Personal history, family history, inherited risk, prior findings, exposures and other clinically appropriate factors may influence what should be discussed with a physician.

Family history changes the question

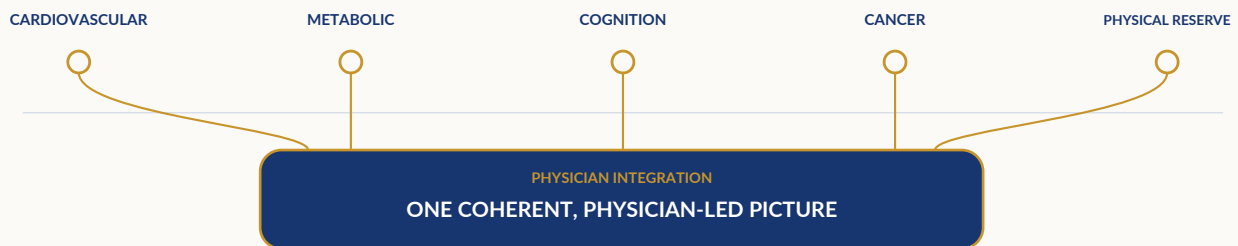
Family history is not destiny, but it can change how several areas of health are interpreted. A parent with premature cardiovascular disease, a pattern of particular cancers, or a strong family history of cognitive decline may justify a different conversation about risk, screening or prevention than age alone would suggest.

Inherited risk therefore does not sit in only one category. It can shape the cardiovascular, cancer and cognitive questions that are worth asking, and it should be interpreted alongside the rest of the clinical picture.

The Integration Gap

Even if I have excellent physicians and extensive data, who is responsible for asking what the whole picture means together?

Specialists may provide excellent expertise in individual domains. Testing may generate more information. The missing element can still be integration: one physician asking what matters, what is reassuring, what needs clarification, what could change a decision, what should be monitored and what should happen next.



From information to strategy

Finding something earlier has value only if it changes what happens next. More information is not the objective. The objective is to determine what matters, what does not, what should happen now, what should be monitored and what comes next.

A longitudinal strategy allows those decisions to be implemented, followed over time and adjusted as health, evidence and goals change. That is different from receiving a one-time report and being left to assemble the next steps yourself.

See earlier. Understand the whole picture. Act with a plan. Protect what matters.

What are you actually trying to protect?

- **Mental sharpness** The ability to think clearly, focus and make consequential decisions.
- **Energy** Enough reserve to lead through the entire day and still have something left afterward.
- **Stamina** The capacity to travel, exercise, recover and remain physically capable.
- **Independence** The ability to remain active, mobile and self-directed through the years ahead.
- **Family life** The health to travel with your spouse, be present with your family and continue creating memories.

The objective is not simply more years. It is protecting your capacity to live those years well.

Why physician judgment still matters

For more than 20 years, Dr. Darrel Collins has practiced cardiovascular and internal medicine, including invasive and preventive cardiology. That experience shapes HLL. Technology and diagnostics can expand what medicine sees. They do not decide what matters.

Information is not the same as a strategy. HLL is built around rigorous evaluation, clinical judgment, physician-led integration and longitudinal follow-through.

What HLL provides

HealthSpan Longevity Living brings clinically appropriate evaluation, medical interpretation, prioritization, implementation, monitoring and coordination into one physician-led relationship. The purpose is not to collect more data for its own sake. It is to build a coherent strategy, follow it over time and recalibrate it as health, evidence and goals change.

AHEAD OF THE BRIEFING

WE'LL SEE YOU THERE.

You're already registered for What Your Executive Physical May Be Missing. Keep this guide as a reference ahead of the briefing, where Dr. Darrel Collins will explore these ideas in greater depth and connect them into a physician-led approach to earlier visibility, integration and longitudinal strategy.

**An 18-minute physician-led executive health briefing with Dr. Darrel Collins,
followed by focused Q&A.**

Approximately 30 minutes total.

YOUR ACCESS DETAILS WILL BE SENT BY EMAIL.

HealthSpan Longevity Living

A physician-led precision prevention and longevity medical practice

LIVE LONGER, STRONGER.

Look deeper. Find what can be found earlier. Protect what matters most.

Educational information only. This guide is not a diagnosis, does not replace individualized medical care, and does not imply that all presymptomatic disease can be identified or prevented. Testing and screening decisions should be individualized with an appropriate physician.