

Case Assignment Brief

Map one case across the Healthspan Model, then sequence the Method

The case

Case vignette — Daniel Whitfield, 52, secondary-school head of department

Daniel books an initial consultation after what he calls “a rough eighteen months.” He was promoted two years ago and now manages a department of fourteen, describing the role as “all admin, no teaching — the part I actually liked.” He reports waking at 4am most nights and not getting back to sleep, a persistent ache in both shoulders, and gaining around a stone since the promotion. He eats lunch at his desk most days, usually a meal-deal sandwich, and has three or four glasses of wine on weekday evenings “to switch off.” His last GP visit, eight months ago, flagged blood pressure of 142/88 and “borderline” cholesterol; he was told to “keep an eye on it.” He has no recent bloods beyond that. He used to play five-a-side football weekly but stopped when the promotion started, and mentions that most of the people he socialised with came from that team. His father died of a heart attack at 58. When asked what he wants, he says: “I want to feel like I did at forty, and I’d like to still be here for my kids.”

What to submit

A short written response, roughly 400–600 words. There is no single correct answer — your reasoning and sequencing are what is being assessed.

- 1 Map Daniel’s case across all five HSI Healthspan Model domains — Biological State, Regimen, The Exposome, Mind, Connection & Purpose. Note what sits in each domain and what is missing from the picture.
- 2 Sequence all five HSI Method steps against the case: Assess, Integrate, Prioritise, Personalise, Measure. Integrate should name at least one cross-domain connection, not a list of separate findings.
- 3 Identify at least one relevant hallmark of aging plausibly in play, and say which domain it connects to.
- 4 Prioritise down to one or two realistic starting points, and state the markers you would measure and when you would reassess.

Practitioner-track learners: additionally identify a suggested referral point or clinical consideration — what would you not manage yourself, and who would you involve?

Marking guidance

- All five domains addressed, including Connection & Purpose — the domain most often skipped.
- Integrate names at least one cross-domain connection rather than restating findings separately.
- Prioritise narrows to one or two realistic starting points; comprehensiveness is not the goal.
- At least one hallmark of aging is named and linked to a domain.
- Measure states specific markers and a reassessment point.