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Longevity Clinic Readiness Checklist

A practical guide to building a safer, more rigorous, physician-led longevity medicine practice grounded in evidence and focused on outcomes.

Tick only what is documented, assigned, implemented, and reviewed.

CLINICAL

1. Onboarding and follow-up

- ☐ Intake, history and consent standardised
- ☐ Off-label and research consent pathways
- ☐ Results protocol: who calls, in what window
- ☐ Follow-up cadence set at intake
- ☐ After-hours triage and red-flag instructions

2. Clinical protocols

- ☐ Assessment framework: tests and intervals
- ☐ Protocol per condition, pathway and system
- ☐ Indication and patient-selection criteria
- ☐ Contraindications and exclusions
- ☐ Evidence grade, expected benefit, uncertainty
- ☐ Harms, monitoring and stopping rules
- ☐ Patient education forms explain the unknowns
- ☐ Review owner and next review date

3. Outcomes and objectives

- ☐ Outcome measures defined per protocol
- ☐ Baseline and reassessment schedule
- ☐ Outcomes captured in structured form
- ☐ Do-not-offer, pause, discontinue framework

MEDICATION AND DIAGNOSTICS

4. Labs and imaging

- ☐ Primary lab pathway and contingency plan
- ☐ Lab credentials and regulatory status verified
- ☐ Imaging pathway with over-read policy

5. Prescribing safety

- ☐ Reconciliation at intake and each transition
- ☐ Allergy, interaction and duplication review
- ☐ Indication and goal per prescription
- ☐ Titration protocol, named prescriber
- ☐ Monitoring tied to the specific therapy
- ☐ Adverse drug event capture and escalation
- ☐ Patient-reported outcomes on therapy tracked

6. Peptides, hormones, off-label

- ☐ Patient-specific rationale and legal basis
- ☐ Pharmacy licensure and 503A / 503B verified
- ☐ Lot and recall traceability
- ☐ Controlled substances: PDMP and diversion

7. Diagnostic stewardship

- ☐ Ordering criteria and low-value test list
- ☐ Incidental findings pathway, named owner
- ☐ Testing consent and patient education
- ☐ Results explained as risk, not diagnosis
- ☐ Genetic testing: consent and counselling

SAFETY AND QUALITY

8. Clinical governance

- ☐ Named medical director with authority
- ☐ Clinical decisions independent of commerce
- ☐ Scope-expansion approval process
- ☐ Delegation and supervision documented
- ☐ Vendor, affiliate and sales conflicts disclosed

9. Incident and quality review

- ☐ QI plan, dashboard, owner, review cadence
- ☐ Adverse event and near-miss review
- ☐ Non-retaliatory staff safety reporting

10. Emergency readiness

- ☐ Emergency transfer plan, rehearsed
- ☐ Emergency drugs and kit matched to scope
- ☐ Infection control, sharps and biohazard
- ☐ Medication storage and disposal controls

11. Patient experience and access

- ☐ Communication response-time standard
- ☐ Named care-navigation owner
- ☐ Patient-reported outcomes and experience
- ☐ Shared decision-making for elective care
- ☐ Language, literacy and access needs

12. Workforce

- ☐ License verification and sanctions checks
- ☐ Competency validation, not onboarding
- ☐ Coverage model and escalation pathway
- ☐ Training and evaluation tied to quality

LEGAL AND FINANCE

13. Advisors

- ☐ Healthcare attorney
- ☐ CPA who closes monthly
- ☐ Banker and broker fluent in cash-pay

14. Corporate and regulatory

- ☐ Entity, operating agreement, buy-sell
- ☐ Corporate practice of medicine reviewed
- ☐ MSO / MSA structure and fee methodology
- ☐ Fee-splitting, Stark and Anti-Kickback review
- ☐ Telehealth and patient-location rules per state

15. Risk and coverage

- ☐ Malpractice confirmed per service and state
- ☐ Telehealth, off-label and compounded covered
- ☐ General liability and cyber cover
- ☐ Workers comp and key-person cover

16. Financial infrastructure

- ☐ Business account and credit facility
- ☐ Merchant processor that knows what you sell
- ☐ Runway and a monthly burn number
- ☐ LTV, CAC, churn and breakeven known

17. Consumer and revenue cycle

- ☐ Written pricing, no surprises
- ☐ Membership inclusions and exclusions
- ☐ Cancellation, renewal and refund workflow
- ☐ Care not contingent on purchases or upgrades

DATA AND TECHNOLOGY

18. Records

- ☐ EMR chosen for documentation and comms
- ☐ Data ownership and portability in writing
- ☐ Patient access, amendment and release
- ☐ Wearable policy: what enters the chart

19. Security program

- ☐ Privacy and security officers named
- ☐ Risk analysis annually and on material change
- ☐ MFA and role-based access reviews
- ☐ Encryption in transit and at rest
- ☐ Backup and restore tested
- ☐ Incident response and breach playbook
- ☐ Vendor security review, not only a BAA

20. AI governance

- ☐ Permitted tools and prohibited inputs listed
- ☐ Human review before any clinical use
- ☐ Vendor terms and retention reviewed
- ☐ Use cases validated, monitored, auditable

BRAND, SALES AND MARKETING

21. Brand and claims

- ☐ Scope statement: what you do and do not do
- ☐ Substantiation file for every claim
- ☐ Testimonial and influencer disclosure policy

22. Sales and referral

- ☐ Referral network matched to scope
- ☐ Allied providers: refer, contract or employ
- ☐ Referral terms reviewed for inducement
- ☐ CAC and referral tracked as channels
- ☐ Non-clinical staff make no medical claims

NETWORK

23. Education

- ☐ License-appropriate credential or training
- ☐ Competence, education and defined scope
- ☐ Continuous medical education pathway

24. Community

- ☐ Physician and peer support group
- ☐ Local longevity and provider network
- ☐ Relevant standards bodies identified

25. Research

- ☐ Outcomes structured so they could publish
- ☐ IRB or registry pathway identified
- ☐ One registry or study you contribute to

longevitydocs is the research and education network in longevity medicine.

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