

THE ME FIRST™ SERIES PRESENTS

The Me First™ Method:

The Preventative Playbook

Your health is not a calendar event.

It is a reflection of your life — your stress, your sleep, your history, and where you are right now.

WHAT YOU WILL LEARN

- Why a once-a-year appointment should not define your health
- How your stress, sleep, family history and hormones decide how often you need to be seen
- How to understand your numbers
- How to find a physician who has time to know you

Dr. Bryanne Standifer-Barrett, MD MSCP

Board-Certified Internal Medicine | Menopause Society Certified Practitioner

Founding Physician, Me First™ Wellness Collective | Farmington Hills, MI

The Philosophy

The Annual Exam Is the Floor — Not the Standard

Somewhere along the way, we were taught that one doctor visit per year means we are taking care of ourselves. That if nothing feels wrong, we are fine. That the system will catch what matters if we just show up once every twelve months.

That is not medicine. That is a calendar.

The annual exam is the bare minimum the system requires — not the standard your health deserves. It was designed for administrative convenience, not for the complexity of your actual life. It does not account for your stress load, your genetics, your sleep quality, your hormonal transitions, or the pace at which you are living.

THE ME FIRST™ PHILOSOPHY

Your health frequency should be driven by your health status — not the month of your birthday. A person managing high stress, poor sleep, a family history of heart disease, and a hormonal transition does not need the same visit schedule as someone with none of those factors. One size has never fit all. And it never will.

What Actually Drives Your Risk and Visit Frequency

Traditional medicine checks boxes. Me First™ medicine asks questions. The real drivers of when you need to be screened and seen more frequently:

Stress level — chronic stress elevates blood pressure, disrupts hormones, and drives inflammation

Sleep quality — poor sleep links to weight gain, insulin resistance, and heart disease

Family history — genetics load the gun; your lifestyle pulls the trigger

Hormonal transitions — perimenopause, menopause, postpartum, andropause all shift your risk profile

Lifestyle complexity — the more your life demands, the more your body needs monitoring

Where you are starting from — your baseline determines how closely we watch

Your Me First™ Score maps your lifestyle complexity against your health habits. It tells us where we need to look first — and how often.

Blood Pressure

The Silent Number That Runs the Show

Nearly half of American adults have high blood pressure. Most have no idea. There are no symptoms until there are — and by then, the damage has often been accumulating for years.

High blood pressure does not hurt. It quietly strains your heart, damages your arteries, affects your kidneys, and increases your stroke risk — all while you feel completely fine.

WHEN SHOULD YOU CHECK MORE THAN ONCE A YEAR?

If you carry significant stress, have a family history of hypertension or stroke, are in a hormonal transition, or your sleep is poor — you should be monitoring monthly. Your lifestyle is a clinical risk factor. Treat it like one.

How to Measure Correctly

Sit quietly 5 minutes before measuring. No coffee or exercise first. Both feet flat on the floor. Arm at heart level. Take two readings one minute apart and average them.

What the Numbers Mean

Reading	Category	What It Means
Below 120/80	Normal	Keep doing what you are doing
120-129 / below 80	Elevated	Lifestyle changes needed now
130-139 / 80-89	Stage 1 High	Medical attention warranted
140+ / 90+	Stage 2 High	Medical attention required
180+ / 120+	Crisis	Seek care immediately

6-Week Blood Pressure Tracking Log

Check at the same time daily. Morning before coffee is ideal.

Week	Date	Morning Reading	Evening Reading	Notes
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
Week 6				

Want to keep tracking past six weeks? The [BP Tracking Journal from The Me First™ Series](#) gives you room for months of readings.

Annual Labs

The Numbers Your Doctor Should Watch — And How Often

Annual lab work is a starting point — not a finish line. The standard "yearly labs" were designed for average populations. Your labs should reflect your life.

THE DR. STANDIFER-BARRETT STANDARD

Standard guidelines were written for the average patient. You are not average. The frequency recommendations in this table reflect Dr. Standifer-Barrett's clinical protocol — developed through internal medicine practice with patients whose lives demand more than an annual checkbox. If you carry significant stress, family history of diabetes or heart disease, are in a hormonal transition, sleep poorly, or do not exercise regularly — your labs should run every 3 to 6 months, not every 12. Catching a rising A1c or cholesterol early is not paranoia. It is precision medicine.

Key Labs and Frequency — Dr. Standifer-Barrett Clinical Protocol

The frequency recommendations below reflect Dr. Bryanne Standifer-Barrett's proprietary clinical standards, developed through internal medicine practice. They exceed standard guidelines and are tailored for patients whose health complexity demands more than an annual visit.

Lab	What It Reveals	Standard Guideline	Dr. Standifer-Barrett Standard
A1c	Average blood sugar over 3 months — diabetes and prediabetes risk	Annually	Every 3-6 months if risk factors, family history, or hormonal transition present

Lab	What It Reveals	Standard Guideline	Dr. Standifer-Barrett Standard
Fasting Glucose	Current blood sugar snapshot — early insulin resistance signal	Annually	Every 6 months if prediabetic, high stress, or sedentary lifestyle
Lipid Panel	Cholesterol — cardiovascular and heart disease risk	Annually	Every 6 months if family history of heart disease, hormonal changes, or elevated baseline
TSH	Thyroid function — affects weight, energy, mood, cycles	As needed	Annually minimum; more frequently during hormonal transitions or with symptoms
Vitamin D	Immune function, bone density, mood, inflammation	Annually (if ordered)	Every 4 months — deficiency is widespread; directly affects energy, immunity, and hormonal health
CBC	Red and white blood cells, platelets — anemia, infection	Annually	Every 4-6 months — more frequently if fibroids present, heavy menstrual bleeding, or anemia history
CMP / Kidney Function	Kidney and liver function, electrolytes, metabolic panel	Annually	Every 3 months if on medications affecting kidneys, history of kidney issues, or high-risk profile
Ferritin	Iron stores — fatigue, hair loss, cognitive fog, heavy bleeding	Rarely ordered	Every 3-6 months depending on bleeding history, fibroid status, and symptoms — should be standard for women
hsCRP	High-sensitivity inflammation — cardiovascular disease risk	Rarely ordered	Every 6 months — especially with high stress, family history of heart disease, or elevated baseline

Cancer Screening

Detection Is Not the Goal. Prevention and Early Intervention Are.

Cancer screening guidelines are among the most misunderstood areas of preventive medicine. Most people wait until something feels wrong — or until a physician happens to order a test. By then, the window for the best outcomes has often narrowed.

The standard guidelines represent the minimum recommended for the general population. Your family history, genetics, lifestyle, and hormonal history may mean you need to start earlier, screen more frequently, or screen for things the general guidelines do not cover.

THE ME FIRST™ STANDARD ON CANCER SCREENING

If you have a first-degree relative (parent, sibling, child) diagnosed with any cancer — especially breast, colon, cervical, prostate, ovarian, or lung — your screening schedule should begin 10 years before their diagnosis age, or earlier. Do not wait for a physician to bring it up. Bring it to them.

Key Cancer Screenings by Type

Cancer Type	Who Should Screen	Standard Guideline	Dr. Standifer-Barrett Standard
Breast	Women; higher risk with family history or dense breast tissue	Mammogram starting at age 40-50 depending on guidelines used	Age 40, or 10 years before the earliest family diagnosis — whichever comes first; annual with any risk factor
Colorectal	All adults; higher risk with family history, prior polyps, heavy tobacco use, or high alcohol consumption — both linked to colorectal cancer	Colonoscopy starting at age 45	Age 40 if family history; every 5 years if low risk; every 3 years if polyps found. Patients with high tobacco or alcohol use should discuss more frequent screening directly with a gastroenterologist or colorectal surgeon. Always talk to your physician first.
Cervical / HPV	Women with a cervix; HPV is sexually transmitted — risk increases with multiple sexual partners	Pap smear at 21; HPV co-test at 30	Follow standard guidelines as a baseline. Those with multiple sexual partners should discuss more frequent HPV screening with their physician, as exposure risk rises with number of partners. Do not skip screening during hormonal transitions or life changes.
Prostate	Men; significantly higher risk in Black men and those with family history	Shared decision at age 50; some guidelines say 55	Conversation with physician at age 40-45 for Black men and anyone with a first-degree relative diagnosed
Lung	Current or former heavy smokers aged 50-80	Annual low-dose CT scan if criteria met	Earlier if significant exposure history, occupational risk, or concerning symptoms

Cancer Type	Who Should Screen	Standard Guideline	Dr. Standifer-Barrett Standard
Skin	All adults; especially with significant sun history or fair skin	Annual full-body skin check	Annual dermatology visit plus monthly self-exam; any changing mole seen promptly
Ovarian	Women with BRCA gene mutation or strong family history	Not routine — genetic testing guides decisions	BRCA testing if any family history; pelvic exam and CA-125 monitoring with elevated risk

A NOTE ON BLACK AMERICANS AND CANCER RISK

Black Americans face disproportionately higher rates of certain cancers — including breast cancer diagnosed at younger ages and more aggressive stages, prostate cancer at higher incidence and mortality rates, and colorectal cancer diagnosed later due to less frequent screening. These disparities are not genetic destiny — they are the result of access gaps, late detection, and a system that was not designed around your risk profile. Me First™ medicine was.

Hormonal Health

When Your Body Changes, Your Care Should Too

Hormonal transitions are not just a women's issue. They are a human issue. Perimenopause, menopause, postpartum changes, and andropause all shift your cardiovascular risk, metabolic health, sleep quality, and mental wellbeing — often dramatically.

And yet the standard model still treats a 48-year-old in perimenopause the same as a 28-year-old with no risk factors. That is not medicine. That is a checkbox.

WHAT CHANGES DURING A HORMONAL TRANSITION

Blood pressure and cholesterol shift. Sleep disruption increases inflammation. Insulin sensitivity changes. Weight redistribution happens — especially around the midsection. Mood, energy, libido, and cognition are all affected. These are not inconveniences. They are clinical signals that warrant closer monitoring.

For women in perimenopause or menopause:

Cardiovascular risk increases significantly

Bone density begins to decline

Cholesterol and glucose can shift

Sleep disruption elevates cortisol chronically

*Recommended: visits every 3-6 months during active transition***For men experiencing andropause:**

Testosterone declines gradually from mid-30s

Energy, libido, and motivation affected

Cardiovascular risk profile shifts

Often misattributed to stress or normal aging

*Recommended: annual labs minimum; 6-month check if symptomatic**If you are in a hormonal transition and still on a once-a-year visit schedule — that schedule was not designed for where you are right now.***Stress, Sleep & Lifestyle**

The Factors That Change How Often You Need to Be Seen

The traditional healthcare model was not built around your stress level. It was not built around how many hours you sleep, how many people depend on you, or how many years you have been running on empty. Me First™ medicine is.

THE LIFESTYLE-TO-VISIT CONNECTION

High chronic stress elevates cortisol, which raises blood pressure, disrupts sleep, promotes inflammation, and accelerates metabolic disease. A person living under significant stress with inadequate sleep needs to be monitored more frequently than the calendar suggests — regardless of how they feel.

How Your Me First™ Score Guides Visit Frequency

Me First™ Score	Profile	Recommended Visit Frequency
80-100	Prioritizing You	Annual exam + labs; protect what you have built
60-79	Running on Reserve	Every 6-9 months; stress, sleep, and labs reviewed
40-59	Everyone Else First	Every 3-6 months; lifestyle intervention + monitoring
0-39	Time to Put Me First™	Every 3 months minimum; comprehensive evaluation recommended

THE DR. STANDIFER SIGNATURE EXAM

The Dr. Standifer Signature Exam is Dr. Standifer-Barrett's comprehensive evaluation, designed for the busy professional. She believes it should be recommended to every patient — and considers it essential for anyone who scores below 70 on the Me First™ Score. It goes beyond the standard annual exam. It evaluates your full metabolic picture, hormonal status, cardiovascular risk markers, inflammatory load, and lifestyle factors together — as a complete clinical story, not a checklist. If your Me First™ Score is below 70, your body is already signaling that a once-a-year appointment is not enough. The Signature Exam is where we start.

Daily Habits That Compound Into a Longer Life

Movement: 30 minutes most days reduces cardiovascular risk by up to 35%

Sleep: 7-8 hours is a clinical target, not a luxury

Hydration: 64 oz of water daily supports kidneys, energy, and cognition

Nutrition: home-prepared meals reduce sodium and processed food intake significantly

Stress management: any consistent practice — walk, prayer, breathwork — lowers cortisol

Connection: social isolation carries cardiovascular risk equal to smoking 15 cigarettes daily

Know Your Benefits

What Insurance Was Designed to Cover — And What It Was Not

Your insurance covers more than most people use. And it covers far less than what many people actually need. Understanding that gap is how you get the most from the system while you build something better.

REACTIVE MEDICINE VS. PROACTIVE PREVENTIVE WELLNESS

This is the most important distinction in healthcare that nobody explains. Insurance-based medicine is reactive — it responds to symptoms, complaints, and crisis. It was not built for individualized assessment at every visit. It does not allow a physician to order testing simply because something feels off, or because your lifestyle signals a rising risk — without a documented symptom to justify it. No symptom, no coverage. That is not prevention. That is waiting. Me First™ Wellness Collective practices proactive preventive wellness. We do not wait for you to break down. We watch for what is building.

ANNUAL WELLNESS VISIT VS. ANNUAL PHYSICAL

These are not the same thing. A wellness visit is preventive — covered at no cost. But the moment your physician addresses a specific complaint, it may be billed differently and you may owe a copay. Know which visit you are scheduling. Ask before you arrive.

Where insurance works well:

Unexpected or catastrophic health events
Emergency and hospital care
Expensive medications you take regularly
Specialist care after a diagnosis
Surgeries and procedures
Cancer screenings (mammogram, colonoscopy)
Immunizations

Where insurance falls short:

Individualized assessment at every visit
Testing without a documented symptom
Proactive monitoring of rising risk
Time with your physician
Relationship and continuity of care
Same-day access when you need it
Primary wellness and prevention as a lifestyle

WHAT INSURANCE WAS NEVER DESIGNED TO COVER

Insurance is an excellent safety net for the unknown, the unexpected, and the catastrophically expensive. It belongs in your financial plan. But for day-to-day primary wellness care — the ongoing, individualized, relationship-driven medicine that actually keeps you healthy — it was never built for that. Time. Relationship. Continuity. A physician who can order a test because your lifestyle warrants it — not because you showed up with symptoms. Me First™ Wellness Collective exists because that model was not built for your life. We built it ourselves.

Patient Story



Bree

Executive | Caregiver | Always the Strong One

This Is Bree.

Bree has built something most people only dream about. A career she is proud of. A home she worked for. A reputation as the person who gets things done.

She is the one everyone calls. Her children. Her aging parents. Her colleagues. She shows up. Every time. For everyone.

The last time Bree went to the doctor, she waited six weeks for the appointment, sat in the waiting room for forty-five minutes, and got eleven minutes with a physician she had never met before and would never see again.

WHAT BREE'S ANNUAL EXAM DID NOT CAPTURE

Bree's stress level has been elevated for three years. Her sleep has been disrupted since her mother moved in. She is 46 and has noticed changes in her cycle, her weight, and her mood that she has not told anyone because she does not have time to slow down. Her family history includes hypertension and type 2 diabetes. Her annual exam said she was fine. Her life told a different story.

What Bree Actually Needed

A physician who had time to ask the real questions. Who recognized that Bree's stress load and family history put her in a higher-risk category — not an annual-exam category. Who checked her A1c every six months. Who had a conversation about perimenopause before Bree had to Google it at 2am.

Bree's Me First™ Score was 54 — Everyone Else Is Coming First. That score told us exactly where to start.

ME FIRST™ WELLNESS COLLECTIVE FOR BREE

Same physician every visit. Unhurried visits. Direct access to your physician — no months-long wait to get in. A physician who reviews your Me First™ Score and knows your story. Membership is \$110/month for adults 65 and older. \$150/month for everyone else. This was built for Bree. It may have been built for you too. mefirstwellnesscollective.com

Patient Story



Anthony

Protector | Father | Finally Ready

This Is Anthony.

Anthony is strong. He handles things. He works hard, shows up for his family, and does not complain.

His partner has been telling him for two years to go to the doctor. He keeps meaning to. Something always comes up. And if he is honest — he does not love calling, waiting on hold, and explaining his history to someone new every time.

Anthony is 52. His father had his first heart attack at 58. Anthony has not had his cholesterol checked in four years.

WHAT THE ONE-SIZE-FITS-ALL SYSTEM MISSED

Anthony's risk profile — his age, his family history, his stress level — puts him in a category that warrants monitoring every 3 to 6 months. The traditional system required him to navigate it alone. He did not. Most people in his position do not.

What Anthony Actually Needed

A physician who meets him where he is. Who removes the barriers — the hold music, the scheduling friction, the starting over. Who sends a message that says: I am here, I am watching your numbers, and I am on your side.

Anthony's Me First™ Score was 41 — Everyone Else Is Coming First, too. But this time, it was himself he was leaving last.

ME FIRST™ WELLNESS COLLECTIVE FOR ANTHONY

No hold music. No explaining your history to someone new. A physician who remembers you, follows up, and is easy to reach. Membership is \$110/month for adults 65 and older. \$150/month for everyone else. Because Anthony's heart is worth more than a four-year gap between cholesterol checks.
mefirstwellnesscollective.com

Your Next Step

This Is Where It Changes

You took the Me First™ Score. You read this playbook. That is not nothing. That is the beginning.

Most people know they should be doing more for their health. They just do not have a physician who makes it possible. Who has the time. Who knows their story. Who adjusts their care based on life — not a protocol written for the average person.

YOUR ME FIRST™ COMMITMENT

I will stop letting a once-a-year appointment define my health. I will use my Me First™ Score as a starting point — not a final answer. I will pay attention to the numbers that matter. I will seek care that matches the complexity of my life. And I will stop being the last person on my own list.

Three Things You Can Do This Week

- 1. Know your numbers.** Blood pressure, blood sugar, cholesterol, cancer screenings due. If you do not know them, make a plan to find out.
- 2. Assess your lifestyle honestly.** Your Me First™ Score is a mirror. Look at the categories where you scored lowest. That is where your health is absorbing the most cost.
- 3. Find a physician who has time for you.** If your current healthcare relationship is not giving you what you need — you are allowed to want more. You are allowed to find it.

KEEP YOUR NUMBERS IN ONE PLACE

The Me First™ Series is a set of physician-designed health records that put your numbers, history, medications and questions in one place: the Me First™ Women's Edition, the Him First Men's Edition, and the BP Tracking Journal. Bring it to every visit. [Shop The Me First™ Series](#)

SCHEDULE A FREE MEET & GREET WITH DR. STANDIFER-BARRETT

Twenty minutes. No commitment. A real conversation with a physician who has already reviewed your Me First™ Score and has time to actually know you.
calendly.com/drstandiferbarrett-bryannemd/dr-standifer-barrett-discovery-call

LEARN ABOUT MEMBERSHIP

Me First™ Wellness Collective is a membership practice built around prevention and longevity — for the person who takes care of everyone else and is finally ready to take care of themselves. The same physician every time. Unhurried visits. Direct access to your physician, with no months-long wait to get in. Your care begins with the Me First™ Health Risk Assessment, which generates your personal Risk Score — and that score sets how often you are seen and how closely we follow up. Membership is \$110/month for adults 65 and older. \$150/month for everyone else. mefirstwellnesscollective.com

Important Disclosures

Medical Disclaimer

This playbook is for educational purposes only and does not constitute medical advice, diagnosis, or treatment. It is not a substitute for consultation with a qualified physician. The information reflects general health education and the clinical philosophy of Me First™ Wellness Collective. Individual health needs vary. Always consult a licensed medical professional before changing your healthcare routine.

About the Me First™ Score

The Me First™ Score is a wellness and lifestyle self-assessment tool for educational purposes. It is not a validated medical instrument, clinical risk score, diagnostic tool, or substitute for professional medical evaluation.

About Me First™ Wellness Collective

Me First™ Wellness Collective / BryanneMD PLLC is a direct-pay, membership-based medical practice offering in-office and telemedicine care in Michigan. Physician services are provided by Dr. Bryanne N. Standifer-Barrett, MD MSCP, Board-Certified in Internal Medicine and certified by the Menopause Society. This practice does not accept insurance for physician services.

28237 Orchard Lake Road, Suite 102, Farmington Hills, MI 48334

bookings@bryannemd.com | mefirstwellnesscollective.com

The Me First™ Method: *The Preventative Playbook*

Me First™ Wellness Collective | Dr. Bryanne N. Standifer-Barrett, MD MSCP

All rights reserved. This document may not be reproduced without written permission.