PATIENT MEDICAL HISTORY

Name	Age	_Date of Birth					
Street Address							
	CITY	STATE	ZIP				
Phone # (Home)(Work)	(Cell)	·····				
Email Address	Employer						
Emergency Contact	Relationship	Phone#					
Please circle or list how you heard about our office - Refer	ral, Google. Facebook, Sign, News	spaper, Other					
Height Weight Desired	l Weight Goal						
Why are you seeking weight loss at this time?							
What was your highest adult weight and when?	What was your lowe	est adult weight and when?					
What is your usual body weight range?	Reason/s for your weight gain						
Indicate your childhood weight status: Under A	verage Over						
Which statement(s) best describes why you think you are overweight? I eat normal amounts of foods but have an abnormal metabolism I eat larger than normal amounts of healthy foods I eat larger than normal amounts of healthy foods as well as sweets and snacks I tend to eat a good amount of sweets and high calorie snacks							

I am a compulsive eater

Other:

Please indicate the following methods of weight loss you have attempted. You may indicate pounds lost and length of time on program

Commercial Diets Weight Watchers Jenny Craig Overeaters Anon TOPS Nutrisystem Other	Prescription M Redux (de: Pondimin (Fen/Phen Phentermir Meridia Xenical/Alli	xfenflurami fenfluramir ne/Fastin/A	ie)	Liquid Die Optifa HMR Slimfa	st	Popular Atkins Pritikir Southl Mac D Self In	n beach Iougal		Surgery	ents
How many times a day do you e		2	3	4	5	6	7			
Indicate which meals/snacks you	u typically eat:	Breakf	ast	am snack	lunch	pm sn	ack	dinner	evening snack	

MEDICAL HISTORY Mark (C) for current problem. Check (x) and indicate age when you had any of the following symptoms or diseases.

MEDICAL HISTORY Mark (C) for current p	roblem. Check (X) and indicate age when you had any	/ of the following symptoms of diseases.
()Decreased hearing	()Diverticulosis ()IBS	()Depression ()Nervousness ()Anxiety
()Ringing in ear	()Ulcerative Colitis () IBD	()Agitation ()Memory loss
()Ear infections(frequent)	()Celiac Disease ()Crohn's	()Moodiness ()Suicidal thoughts
()Dizzy spells ()Fainting spells	()Bloody/tarry stools	()Phobias ()Mental illness
()Failing vision ()Eye Pain	()Hemorrhoids ()Hernia	()Feelings of hopelessness ()Worthlessness
()Double or blurred vision	()Urinary Tract Infections (frequent)	()Rheumatic Fever ()Scarlet Fever
()Nose bleeds (recurrent)	()Blood in urine ()Kidney stones	()Chicken Pox ()Polio ()Mumps
()Sinus trouble	Urination (overnight >than twice)	()Measles ()German Measles () Mono
()Sore throats (frequent)	()Painful () Incontinence/Loss of control	()Tuberculosis ()Herpes I ()Herpes II
()Hoarseness (prolonged)	()Decrease in force/flow	()Alcoholoz per week
()Hayfever/Allergies	()Venereal disease () Urethral discharge	()Coffee/teacups per day
()Bronchitis/Chronic cough	()Weight loss (recent) ()Gain (recent)	()Smokingcig/day#yearsyear quit
()Asthma/Wheezing	()Anemia ()Bruise easily	
()Shortness of breath	()Cancer (describe)	
()on exertion ()lying flat	()Diabetes	FEMALES – Please complete
()Chest pain ()Palpitations	()Thyroid Disease (describe)	Menopause () # Yrs
()Congestive Heart Failure	()Sleeping difficulty ()Sleep Apnea	Menstrual flow
()High blood pressure	()Seizures ()MS	() Regular () Irregular () Pain/Cramps
()Heart murmur	()Stroke	Days of flowLength of cycle
()Irregular pulse	()Tremors/hands shaking	Date of 1 st day of last period
()Swollen ankles	()Numbness/tingling sensations	()Pain/bleeding during or after sex
() Phlebitis () Varicose veins	()Headaches (frequent)	Pregnancies (number of) Pregnancies
()Loss of appetite (recent)	()Fibromyalgia ()SLE	Live birthsAbortionsMiscarriages
()Leg Pain (when walking)	()Rheumatoid Arthritis () Osteoarthritis	Birth Control method
()Heartburn ()Peptic ulcer	()Back Pain () Neck pain	Birth control pill name
Persistent nausea/Vomiting	()Bone Fracture/ joint injury	Date of last PAP test
()Abdominal pain (chronic)	()Gout ()Osteoporosis	()Normal ()Abnormal
()Gall bladder trouble	()Foot pain ()Cold numb feet	Date of last Mammogram
()Jaundice/Hepatitis	()Rashes ()Hives	()Normal ()Abnormal
()Lyme ()CFS	()Psoriasis ()Eczema	Notes
()Diarrhea ()Constipation	()Concentration difficulty ()Brain Fog	
	()Alzeheimer's () Parkinson's	

Date

Metabolic Assessment Form

 Name:
 Age:
 Sex:
 Date:

<u>PART I</u> Please list your 5 major health concerns in order of importance: Please circle on the scale of 1-10, how committed are you to correcting each concern with "10" being the most committed.

1	1 2 3 4 5 6 7 8 9 10
2	1 2 3 4 5 6 7 8 9 10
3	1 2 3 4 5 6 7 8 9 10
4	12345678910
5	1 2 3 4 5 6 7 8 9 10

<u>PART II</u> Please circle the appropriate number on all questions below. 0 as the least/never to 3 as the most/always. ____

Fecting that bowels do not empty completely0123Facessive passage of gas0123Alternating constipation and diarrhea0123Stool undigested, foul smelling, mucous like, greasy, or poorly formed0123Constipation0123Stool undigested, foul smelling, mucous like, greasy, or poorly formed0123Constipation0123Difficulty losing weight0123Category VI0123Difficulty losing weight0123Use haxaityes frequently0123Difficulty losing several hours123Unpredictable food reactions0123Difficulty losing several hours123Unpredictable food reactions0123Stool color alternates from clay colored to123Unpredictable food reactions0123Stool color alternates from clay colored to123Unpredictable abdominal and sevelling0123Stool color alternates from clay colored to123Prequent bioaning and disterning0123Stool color alternates from clay colored to123Unpredictable shominal inder eartions0123Stool color alternates from clay colored to123 </th <th></th>										
Feeling that bowels do not empty completely0123Lower abdominal pain relieved by passing stool or gas0123Alternating constipution and diarrhea0123Stool undigested, foul smelling, mucous like,0123Constipation0123Hard, dry, or small stool0123Constipation0123More than 3 howel movements daily0123Use havaitives frequently0123Unpredictable food reactions0123Unpredictable food reactions0123Unpredictable food reactions0123Unpredictable food reactions0123Unpredictable food reactions0123Unpredictable abdominal swelling0123Prequent Iboard0123Category III123Inolerance to swells0123Inolerance to swells <td>Category I</td> <td></td> <td></td> <td></td> <td></td> <td>Category VI (continued)</td> <td></td> <td></td> <td></td> <td></td>	Category I					Category VI (continued)				
Lower abdominal pain relieved by passing stool or gas0123Alterrating constipation and diarrhea0123Diarrhea0123Constipation0123Hard, dry, or small stool0123Coated tongue or "fuzzy" debis on tongue0123Diarrhea0123Coated tongue or "fuzzy" debis on tongue0123More than 3 bowel movements daily0123Use laxatives frequently0123Increased thirst and appetite0123Increased thirst and appetite laste in mouth, especially in the morning0123Unpredictable addominal adistention after cating0123Prequent bloating and distention after cating0123Prequent bloating and distention after cating0123Prequent bloating and distention after cating0123Inderance to sugars and starches0123Multiple smell and chemical sensitivities0123Diardineace to sugars and starches0123Category VI123Excessive belching, burping, or bloating0123Bodily senting function and externation0123Bodily senting mostan	Feeling that bowels do not empty completely	0	1	2	3	Excessive passage of gas	0	1	2	3
Alternating constipation and diarrhen0123Diarrhen0123Constipation0123Hard, dry, or small stool0123Difficulty losing weight0123Pass large anount of foul-smelling gas0123Orated torgue or "fuzzy" debris on torgue0123Difficulty losing weight0123Category VI0123Category VI0123Category VI0123Unpredictable food reactions0123Unpredictable food reactions0123Unpredictable food reactions0123Category II123Stool ordizatermates from clay colored to normal brown012Prequent bloating and distention after eating0123Abdominal intolerance to sugars and starches0123Intolerance to smells0123Intolerance to smells0123Intolerance to smells0123Intolerance to smells0123Oreard Fill23Overall stand dor hair0123Oreard Fill23Category VIIAcne and unhealthy skin1		0	1	2	3	Nausea and/or vomiting	0	1		3
$\begin{array}{c c c c c c c c c c c c c c c c c c c $										
Constipation0123Frequent urination0123Hard, dry, or small stool0123Increased thirst and appetite0123Category II0123Difficulty losing weight0123More than 3 bowel movements daily0123Category VIIGreasy or high-faf toods cause distress0123Category IIIncreasing frequency of food reactions0123Greasy or high-faf toods cause distress0123Unpredictable food reactions0123Yellowish cats to eyes0123Category II0123Stool color alternates from clay colored to0123Category III0123Reddend skin, especially palms0123Category II123Reddend skin, especially palms0123Inolerance to shampoo, lotion, detergents, etc.0123Category VIICategory VIIIntolerance to shampoo, lotion, detergents, etc.0123Cotegory VICategory IV123Gas immediately following a meal0123Cotegory IVCategory IV123Gas immediately following a meal0123Category IV							0	1	2	3
Hard, dy, or small stool0123Increased thirst and appetite0123Pass large anount of foul-smelling gas0123Difficulty losing weight0123Pass large anount of foul-smelling gas0123Difficulty losing weight0123More than 3 boxel movements daily0123Category VIGreasy or high-fat foods cause distress0123Category IIIncreasing frequency of food reactions0123Bitter metallic taste in mouth, especially in the morning0123Category VIUncrepticable food reactions0123Stool color atternates from clay colored to123Category II123Reddened skin, especially palms0123Frequent bloating and distention after eating0123Reddened skin, especially palms0123Category IIIntolerance to swells0123Reddened skin, especially palms0123Intolerance to swells0123Reddened skin, especially palms0123Category V123Reddened skin, especially palms0123Category V123Reddened skin, especially palms0123						Frequent uringtion				
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		0								
Pass large amount of foul-smelling gas0123More than 3 bowel movements daily0123More than 3 bowel movements daily0123Category II123Increasing frequency of food reactions0123Upercelicable food reactions0123Upercelicable food reactions0123Upercelicable food reactions0123Upercelicable addominal swelling0123Vertice additional distention after eating0123Stool color alternates from clay colored to normal brown0123Prequent bloating and distention after eating0123Category III Intolerance to smells0123Intolerance to simels0123Intolerance to shampoo, lotion, detergents, etc.0123Offensive breath0123Offensive breath0123Offensive breath0123Difficult bowel movement0123Bortificut bowel movement0123Bortificut bowel movement0123Difficult bowel movement0123Difficult bowel movement0123Difficut bowe	Hard, dry, or small stool	0	1		3					
More than 3 bowel movements daily0123Category VIUse laxatives frequently0123Category II123Increasing frequency of food reactions0123Unpredictable food reactions0123Unpredictable food reactions0123Unpredictable abdominal swelling0123Prequent bloating and distention after cating0123Abdominal intolerance to sugars and starches0123Category II123Reddened skin, especially palms0123Indelerance to smells0123Have you had your gallbladder removed?YesNoIndelerance to shampoo, lotion, detergents, etc.0123Category VIIAner and unhealty skin0123Category IVExcessive blching, burping, or bloating0123Bodily swelling forn oreason0123Offensive breath0123Bodily swelling forn oreason0123Difficult bowel movement0123Bodily swelling forn oreason0123Difficult bowel movement0123Bodily swelling forn oreason0123Difficult bowel movement01 <td>Coated tongue or "fuzzy" debris on tongue</td> <td>0</td> <td>1</td> <td></td> <td>3</td> <td>Difficulty losing weight</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td>	Coated tongue or "fuzzy" debris on tongue	0	1		3	Difficulty losing weight	0	1	2	3
More than 3 bowel movements daily0123Category VIUse laxatives frequently0123Category II123Increasing frequency of food reactions0123Unpredictable food reactions0123Unpredictable food reactions0123Unpredictable abdominal swelling0123Prequent bloating and distention after cating0123Abdominal intolerance to sugars and starches0123Category II123Reddened skin, especially palms0123Indelerance to smells0123Have you had your gallbladder removed?YesNoIndelerance to shampoo, lotion, detergents, etc.0123Category VIIAner and unhealty skin0123Category IVExcessive blching, burping, or bloating0123Bodily swelling forn oreason0123Offensive breath0123Bodily swelling forn oreason0123Difficult bowel movement0123Bodily swelling forn oreason0123Difficult bowel movement0123Bodily swelling forn oreason0123Difficult bowel movement01 <td>Pass large amount of foul-smelling gas</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Pass large amount of foul-smelling gas	0	1	2	3					
Use laxatives frequently0123Correspondent Sector Largery II after eating0123Category II Increasing frequency of food reactions0123Bitter metallic taste in mouth, especially in the morning0123Category II Increasing the addominal swelling0123Stool Color alternates from Clay colored to unpredictable addominal swelling0123Category II Inclerance to smells0123Stool Color alternates from Clay colored to unscript addition frame0123Category II Intolerance to smells0123Stool Color alternates from Clay colored to unscript addition frame0123Intolerance to smells0123Category VII Acrea and unhealthy skin0123Intolerance to shampoo, lotion, detergents, etc.0123Category VIII Acrea and unhealthy skin0123Category IV Difficul bovel movement0123Category VIII Acrea and unhealthy skin0123Category V Somach pain, burning, or aching 1-4 hours after eating Use antackids0123Category V0123Sense of fulness during and after meals0123Category V0123Sense of fulness during antackids, food found in stool		0								
Category IIIncreasing frequency of food reactions0123Umpredictable food reactions0123Unpredictable food reactions0123Unpredictable abdominal swelling0123Prequent bloating and distention after eating0123Stool color alternates from clay colored to0123Prequent bloating and distention after eating0123Abdomian intolerance to sugars and starches0123Dialerance to jewelry0123Intolerance to shampoo, loion, detergents, etc.0123Category IV123Category VIIIAcres and unhealthy skin0123Category IVExcessive bloching, burping, or bloating0123Bodily swelling for no reason0123Category V0123Bodily swelling for no reason0123Offensive breath0123Bodily swelling for no reason0123Difficult bovel movement0123Bodily swelling sweat0123Difficult bovel movement0123Bodily swelling sweat0123Bofficult bovel movement0123Bodily swelli						Greasy or high-fat foods cause distress	0	1	2	3
Category IIIntereasing frequency of food reactions0123Unpredictable food reactions0123Ches, pains, and swelling throughout the body0123Prequent bloating and distention after eating0123Prequent bloating and distention after eating0123Abdominal intolerance to sugars and starches0123Ottorance to jewelry0123Intolerance to shampoo, loion, detergents, etc.0123Intolerance to shampoo, loion, detergents, etc.0123Category IV123Acter a dunhealthy skin0123Category V0123Overall sense of bloating0123Category V0123Bodily swelling for no reason0123Category V0123Bodily swelling for no reason0123Category V0123Bodily swelling for no reason0123Difficult bovel movement0123Excessively foul-smelling sweat0123Difficult digesting fruits and vegetables;0123Feel shaky, jittery, or have tremors0123Difficult digesting fruits and vegetables;01 <t< td=""><td>Use laxatives inequently</td><td>U</td><td>1</td><td>4</td><td>5</td><td>Lower bowel gas and/or bloating several hours</td><td></td><td></td><td></td><td></td></t<>	Use laxatives inequently	U	1	4	5	Lower bowel gas and/or bloating several hours				
Category IIIntereasing frequency of food reactions0123Unpredictable food reactions0123Ches, pains, and swelling throughout the body0123Prequent bloating and distention after eating0123Prequent bloating and distention after eating0123Abdominal intolerance to sugars and starches0123Ottorance to jewelry0123Intolerance to shampoo, loion, detergents, etc.0123Intolerance to shampoo, loion, detergents, etc.0123Category IV123Acter a dunhealthy skin0123Category V0123Overall sense of bloating0123Category V0123Bodily swelling for no reason0123Category V0123Bodily swelling for no reason0123Category V0123Bodily swelling for no reason0123Difficult bovel movement0123Excessively foul-smelling sweat0123Difficult digesting fruits and vegetables;0123Feel shaky, jittery, or have tremors0123Difficult digesting fruits and vegetables;01 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>after eating</td><td>0</td><td>1</td><td>2</td><td>3</td></t<>						after eating	0	1	2	3
Interdating inclusing inclusing of out of the body0123Aches, pains, and swelling throughout the body0123Aches, pains, and swelling throughout the body0123Frequent bloating and distention after eating0123Abdominal intolerance to sugars and starches0123Category IIIItalian and/or hair0123Intolerance to smells0123Have you had your gallbladder attacks or stones0123Intolerance to shampoo, lotion, detergents, etc.0123Category VIIAcne and unhealthy skin0123Category IV0123Overall sense of bloating0123Category IV0123Overall sense of bloating0123Category IV0123Overall sense of bloating0123Difficult bowel movement0123Excessively foul-smelling sweat0123Difficult gigsting fruits and vegetables; undigested food found in stools0123Category X0123Difficult bowel movement0123Category IX0123Difficult bowel movement0123Category IX01<							0			
Observed Category II Intolerance to sugars and starches0123 2Yellowish cast to eyes0123 2Category III Intolerance to sugars and starches0123 2Reddened skin, especially palms0123 2Category III Intolerance to smalls0123 2Have you had your galibladder removed?YesNoIntolerance to sampo, lotion, detergents, etc.0123 2Category VIII Annet and unhealthy skin0123 2Category IV Excessive balci following a meal0123 2Category VIII Annet and starches0123 2Category V Constant skin outbreaks0123 2Category IV Excessive balci following a meal0123 2Category V Sense of fullness during and after meals0123 2Excessively foul-smelling sweat0123 2Difficult bowel movement0123 2Eategory IX 2Category IX 2Category IX 2123 2Use antacids0123 2Category IX 2Category IX 223 2Category V Sense of fullness during and after meals0123 223 2Difficult glesting furtils and vegetables; undigested food found in stools0123 2 <td< td=""><td></td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		0								
Aches, pairs, and swelling throughout the body0123Momma Linger0123Prequent bloating and distention after eating0123Abdominal intolerance to sugars and starches0123Category III1233Intolerance to smells0123Intolerance to smells0123Intolerance to shampoo, lotion, detergents, etc.0123Category IV0123Category IV0123Excessive belching, burping, or bloating0123Gas immediately following a meal0123Difficult welf and the runals0123Difficulty digesting fruits and vegetables;0123Use antacids0123Category IXCategory V50123Difficulty digesting fruits and vegetables;0123Use antacids0123Category IXCategory V50123Difficulty digesting fruits and vegetables;0123Difficulty digesting fruits and vegetables;0123Use antacids0123Feel shaky, jittery, or have tremors012Digestive problems		0								
Upperdictable abdominal swelling0123Frequent bloating and distention after eating0123Abdominal intolerance to sugars and starches0123Abdominal intolerance to sugars and starches0123Intolerance to smells0123Intolerance to swelry0123Intolerance to shampoo, lotion, detergents, etc.0123Otrattart skin outbreaks0123Category VI0123Gas immediately following an enal0123Officult digesting fruits and vegetables; undigested food found in stools0123Difficulty digesting fruits and vegetables; undigested food found in stools0123Category V seentable abdowed movement0123Category V seentable abdowed movement0123Difficulty digesting fruits and vegetables; undigested food found in stools0123Feel hungry an hour or two after eating Heartburn when lying down or bending forward Temporary relief by using antacids, food, milk, or carbonated beverages0123Digestive problems subside with rest and relaxation0123Parter V carbonated beverages0123Digestive problems subside with rest and relaxation123 <t< td=""><td>Aches, pains, and swelling throughout the body</td><td>0</td><td>1</td><td>2</td><td>3</td><td></td><td>U</td><td>1</td><td>4</td><td>5</td></t<>	Aches, pains, and swelling throughout the body	0	1	2	3		U	1	4	5
Frequent bloating and distention after eating Abdominal intolerance to sugars and starches0123Category III Intolerance to smells0123Intolerance to smells0123Intolerance to signedry0123Multiple smell and chemical sensitivities0123Category IV Excessive belching, burping, or bloating Difficult bowel movement0123Category V Stimuch addition stools0123Category V Stimach pain, burning, or aching 1-4 hours after eating Wein hying down or bending forward Temporary0123Category V Stimach pain, burning, or boating Difficult bowel movement0123Category V Stimach pain, burning, or aching 1-4 hours after eating Weing down or bending forward Temporary0123Category V Stomach pain, burning, or boating Difficult big down or bending forward Temporary relief by using antacids, food, milk, or carbonatch beverages0123Category V Digestive problems subside with rest and relaxation Peer hungry an hour or two after eating Heartburn wen hying down or bending forward Temporary0123Category VI Reduct debevrages01232Digestive problems subside with rest and relaxation Peers, alcohol, and caffeine0123Digestive problems subside with rest and relaxation Peers, alcohol, and caffeine0	Unpredictable abdominal swelling	0	1	2	3		•	4		2
Abdominal intolerance to sugars and starches0123Reducting paths01123Category IIIIntolerance to semells0123Indiverance to shampoo, lotion, detergents, etc.0123Intolerance to shampoo, lotion, detergents, etc.01233Category VIII123Constant skin outbreaks01233Category VIII123Category IV01233123Category IV01233123Category IV01233123Category IV01233123Category IV01233123Category IV01233123Difficult bowel movement01233123Difficult bowel movement0123323Difficult bowel movement012333333Category V301233333333Somach pain, burning, or aching 1-4 hours after eating real dod found in stools012333333 <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		0								
Category III Intolerance to smells0123Intolerance to smells0123Intolerance to smell and chemical sensitivities0123Intolerance to shampoo, lotion, detergents, etc.0123Category IV0123Excessive bail and chemical sensitivities0123Category IV0123Excessive belching, burping, or bloating0123Offensive breath0123Difficult bowel movement0123Difficulty digesting fruits and vegetables;0123Use antacids0123Category V0123Stomach pain, burning, or aching 1-4 hours after eating undigested fould found in stools012Difficulty digeting fruits and vegetables;0123Use antacids0123Stomach pain, burning, or aching 1-4 hours after eating upenpers, alcohol, and caffeine0123Digestive problems subside with rest and relaxation pepers, alcohol, and caffeine0123Digestive problems subside with rest and relaxation pepers, alcohol, and caffeine0123Digestive problems subside with rest and relaxation pepers, alcohol, and caffeine0123Digestive problems subside										
Category IIIHave you had your gallbladder removed?YesNoIntolerance to smells0123Category VIIIIntolerance to jewelry0123Category VIIIIntolerance to smampoo, lotion, detergents, etc.0123Category VIIIConstant skin outbreaks0123Care and unhealthy skin0123Constant skin outbreaks0123Coverall sense of bloating0123Gas immediately following a meal0123Bodily swelling for no reason0123Offensive breath0123Poor bowel function0123Difficulty digesting fruits and vegetables;0123Category IXCategory	Abdominar intolerance to sugars and surenes	U	1	4	5		0	1		3
Intolerance to smells0123Interporting point and relation functionInterportIntolerance to jewelry0123Category VIIIntolerance to shampoo, lotion, detergents, etc.0123Category VIIMultiple smell and chemical sensitivities0123Category VIICategory IV0123Bodily swelling for no reason0123Category IV0123Bodily swelling for no reason0123Gas immediately following a meal0123Poor bowel function0123Offensive breath0123Poor bowel function0123Difficulty digesting fruits and vegetables;0123Category IXCategory IXUse antacids0123Category IX0123Sense of fullness during and after meals0123Category IX0123Use antacids0123Category IXCrave sweets during the day0123Use antacids0123Feel shaky, jittery, or have termors0123Difficulty digesting fruits and vegetables;0123Get light-headed if meals are missed0123Use an						History of gallbladder attacks or stones	0	1	2	3
Intolerance to simells0123Intolerance to shampoo, lotion, detergents, etc.0123Multiple smell and chemical sensitivities0123Category IV0123Category IV0123Backerssive balching, burping, or bloating0123Offensive breath0123Offensive breath0123Difficult bowel movement0123Difficulty digesting fruits and vegetables; undigested food found in stools0123Category V0123Stomach pain, burning, or aching 1-4 hours after eating carbonated beverages0123Peel hugry an hour or two after eating flearber0123Pielief by using and after melax ator0123Pielief by using antacids, food, milk, or carbonated beverages0123Pielief by using antacids, food, milk, or carbonated beverages0123Pielief by using antacids, food, and caffeine0123Pieler Synake and fiber cause constipation0123Category VI Roughage and fiber cause constipation0123Feel shaky, jittery, or have tremors pepers, alcohol, and caffeine0123Category VI Roughage and fiber cause con						Have you had your gallbladder removed?		Yes	Ν	0
Intolerance to shampoo, lotion, detergents, etc.0123Multiple smell and chemical sensitivities0123Category IV0123Category IV0123Excessive belching, burping, or bloating0123Gas immediately following a meal0123Offensive breath0123Difficulty bowel movement0123Difficulty digesting fruits and vegetables; undigested food found in stools0123Category VStomach pain, burning, or aching 1-4 hours after eating when lying down or bending forward Temporary relief by using ant acids, food, milk, or carbonated beverages0123Digestive problems subside with rest and relaxation hearburn due to spicy foods, chocolate, citrus, peppers, alcohol, and cafferine0123Category VI Roughage and fiber cause constipation01233Category VI Roughage and f	Intolerance to smells	0								
Intolerance to shampoo, lotion, detergents, etc.0123Multiple smell and chemical sensitivities0123Constant skin outbreaks0123Category IV0123Excessive belching, burping, or bloating0123Gas immediately following a meal0123Offensive breath0123Difficult bowel movement0123Sense of fullness during and after meals0123Difficult bowel fruits and vegetables; undigested food found in stools0123Stomach pain, burning, or aching 1-4 hours after eating when lying down or bending forward Temporary relief by using antacids, food, milk, or carbonated beverages0123Digestive problems subside with rest and relaxation hearburn due to spicy foods, chocolate, citrus, peppers, alcohol, and cafferine0123O1230123Niggestage and fiber cause constipation01230Nuchage and fiber cause constipation0123Category VI Roughage and fiber cause constipa	Intolerance to jewelry	0	1			Category VIII				
Multiple smell and chemical sensitivities0123Constant skin outbreaks0123Category IVExcessive belching, burping, or bloating0123Basi immediately following a meal0123Offensive breath0123Difficulty bowel movement0123Difficulty digesting fruits and vegetables;0123undigested food found in stools0123Category VStomach pain, burning, or aching 1-4 hours after eating0123Stomach pain, burning, or aching 1-4 hours after eating0123Velebuls use antacids0123Feel shaky, jittery, or have tremors0123Feel hungry an hour or two after eating Heartburn0123Feel shaky, jittery, or have tremors0123Digestive problems subside with rest and relaxation0123Blurred vision0123Peppers, alcohol, and caffeine0123Category VI123Category XRoughage and fiber cause constipation0123Feel shaky, jittery, or have tremors0123Balance0123Feel shaky, jittery, or have tremors0123Frequent urination0<	Intolerance to shampoo, lotion, detergents, etc.	0	1	2	3		0	1	2	3
Constant skin outbreaks0123Category IVExcessive belching, burping, or bloating0123Gas immediately following a meal0123Offensive breath0123Difficult bowel movement0123Sense of fullness during and after meals0123Difficulty digesting fruits and vegetables; undigested food found in stools0123Category V0123Stomach pain, burning, or aching 1-4 hours after eating when lying down or bending forward Temporary relief by using antacids, food, milk, or carbonated beverages0123Digestive problems subside with rest and relaxation heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine0123Category VI Redification01233Category VI Redification01233Stomach pain, burning, or aching 1-4 hours after eating bigestive problems subside with rest and relaxation peppers, alcohol, and caffeine0123Or all to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine0123Otageory VI Roughage and fiber cause constipation0123Category VI Roughage and fiber cause constipation0123Category VI Roughage and fiber cause constipation0123 <td></td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	1	2	3					
Category IV0123Category IV0123Excessive belching, burping, or bloating0123Gas immediately following a meal0123Offensive breath0123Difficulty bowel movement0123Sense of fullness during and after meals0123Difficulty digesting fruits and vegetables; undigested food found in stools0123Category V0123Category IXStomach pain, burning, or aching 1-4 hours after eating breich burgry an hour or two after eating Heartburn0123Nehn lying down or bending forward Temporary relief by using antacids, food, milk, or carbonated beverages0123Digestive problems subside with rest and relaxation heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine0123Category VI Roughage and fiber cause constipation01233Category VI Roughage and fiber cause constipation01 <td< td=""><td></td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		0								
Category IVExcessive belching, burping, or bloating0123Gas immediately following a meal0123Offensive breath0123Difficult bowel movement0123Sense of fullness during and after meals0123Difficulty digesting fruits and vegetables;0123undigested food found in stools0123Category V0123Stomach pain, burning, or aching 1-4 hours after eating0123Use antacids0123Feel hungry an hour or two after eating the day undig struction0123Digestive problems subside with rest and relaxation0123Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine0123Category VI0123Agitated, easily upset, nervous0123Category VI0123Agitated, easily upset, nervous0123Stomach pain, burning, or aching 1-4 hours after eating0123Agitated, easily upset, nervous0123Bell burgry an hour or two after eating Hearburn0123Agitated, easily upset, nervous0123Digestive problems subside with rest and relaxation0<	Constant Skin Outoreaks				-					
Excessive belching, burping, or bloating0123Gas immediately following a meal0123Offensive breath0123Difficult bowel movement0123Sense of fullness during and after meals0123Difficulty digesting fruits and vegetables;0123undigested food found in stools0123Category VStomach pain, burning, or aching 1-4 hours after eating0123Stomach pain, burning, or aching 1-4 hours after eating0123Veel hungry an hour or two after eating Heartburn0123Nen lying down or bending forward Temporary0123relief by using antacids, food, milk, or carbonated beverages0123Digestive problems subside with rest and relaxation0123Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine0123Category VI Roughage and fiber cause constipation0123Category VI R										
Gas immediately following a meal0123Offensive breath0123Difficult bowel movement0123Sense of fullness during and after meals0123Difficulty digesting fruits and vegetables; undigested food found in stools0123Category V0123Stomach pain, burning, or aching 1-4 hours after eating Use antacids0123Feel hungry an hour or two after eating Heartburn or achonated beverages0123Digestive problems subside with rest and relaxation heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine0123Category VI Roughage and fiber cause constipation0123Offerer VI Roughage and fiber cause constipation0123Category VI relef by using and after eating Heartburn or achonated beverages0123Digestive problems subside with rest and relaxation peppers, alcohol, and caffeine0123Category VI Roughage and fiber cause constipation0123Category VI Roughage		0	1	2	2					
Offensive breath0123Offensive breath0123Difficult bowel movement0123Sense of fullness during and after meals0123Difficulty digesting fruits and vegetables; undigested food found in stools0123Category V0123Crave sweets during the day Irritable if meals are missed0123Stomach pain, burning, or aching 1-4 hours after eating Use antacids01233Eet light-headed if meals are missed0123Get light-headed if meals are missed0123Feel shaky, jittery, or have tremors0123Value antacids0123Poor memory/forgetful Blurred vision0123Poisestive problems subside with rest and relaxation0123Category XFatigue after meals0123Digestive problems subside with rest and relaxation0123Crave sweets during the day Blurred vision0123Category VI Roughage and fiber cause constipation0123Crave sweets during the day Blurred vision0123Category VI Roughage and fiber cause constipation0123Crave sweets during the day Blurred vision0123Category		U								
Offensive breath0123Excessively foul-smelling sweat0123Difficult bowel movement01230123Sense of fullness during and after meals0123Category IX0123Difficulty digesting fruits and vegetables; undigested food found in stools0123Category IX0123Category VStomach pain, burning, or aching 1-4 hours after eating Use antacids01233Depend on coffee to keep going/get started (Get light-headed if meals are missed0123Get loght-headed if meals are missed0123Get light-headed if meals are missed0123Use antacids0123Feel shaky, jittery, or have tremors0123Vel using antacids, food, milk, or carbonated beverages0123Agitated, easily upset, nervous0123Digestive problems subside with rest and relaxation0123Category XFatigue after meals0123Poppers, alcohol, and caffeine0123Category XFatigue after meals0123Category VI Roughage and fiber cause constipation0123SSS3S0123S <td>Gas immediately following a meal</td> <td>U</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td>	Gas immediately following a meal	U					0			
Sense of fullness during and after meals Difficulty digesting fruits and vegetables; undigested food found in stools0123Category IX Crave sweets during the day Irritable if meals are missed0123Category V Stomach pain, burning, or aching 1-4 hours after eating Use antacids012330123Feel hungry an hour or two after eating Heartburn when lying down or bending forward Temporary relief by using antacids, food, milk, or carbonated beverages0123346123Digestive problems subside with rest and relaxation peppers, alcohol, and caffeine012336123Category VI Roughage and fiber cause constipation012336123Out a category VI relief by using antacids, food, milk, or carbonated beverages012336123Digestive problems subside with rest and relaxation peppers, alcohol, and caffeine012336123Category VI Roughage and fiber cause constipation012336123Category VI Roughage and fiber cause constipation012336123Category VI Roughage and fiber cause constipation012336123Category VI <br< td=""><td></td><td>0</td><td></td><td></td><td></td><td colspan="2"></td><td>1</td><td>2</td><td>3</td></br<>		0						1	2	3
Sense of fullness during and after meals0123Category IXDifficulty digesting fruits and vegetables; undigested food found in stools0123Crave sweets during the day Irritable if meals are missed0123Category VStomach pain, burning, or aching 1-4 hours after eating Use antacids012330123Feel hungry an hour or two after eating Heartburn when lying down or bending forward Temporary relief by using antacids, food, milk, or carbonated beverages01233Agitated, easily upset, nervous Poor memory/forgetful Blurred vision0123Digestive problems subside with rest and relaxation peppers, alcohol, and caffeine01233Category X Fatigue after meals0123Category VI Roughage and fiber cause constipation01233Category X Fatigue after meals0123Fatigue after meals Category VI Roughage and fiber cause constipation01233Feequent urination0123Category VI Roughage and fiber cause constipation01233Feequent urination0123Category VI Roughage and fiber cause constipation01233Feedul or larger than hip girth0123Category VI Roughage and fiber cause constipation0	Difficult bowel movement	0	1		3					
Difficulty digesting fruits and vegetables; undigested food found in stools0123Category V Stomach pain, burning, or aching 1-4 hours after eating Use antacids0123012330123Feel hungry an hour or two after eating Heartburn when lying down or bending forward Temporary relief by using antacids, food, milk, or carbonated beverages0123Digestive problems subside with rest and relaxation Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine0123Category VI Roughage and fiber cause constipation01233Category VI Roughage and fiber cause constipation012333Category VI Roughage and fiber cause constipation01233Category VI Roughage and fiber cause constipation01233Category VI Roughage and fiber cause constipation01233Catego		0	1	2	3					
Dimensional vegetables, undigested food found in stools0123Irritable if meals are missed0123Category V Stomach pain, burning, or aching 1-4 hours after eating Use antacids01233Depend on coffee to keep going/get started Get light-headed if meals are missed0123Use antacids0123Get light-headed if meals are missed0123Feel hungry an hour or two after eating Heartburn when lying down or bending forward Temporary relief by using antacids, food, milk, or carbonated beverages01233Poor memory/forgetful Blurred vision0123Digestive problems subside with rest and relaxation peppers, alcohol, and caffeine0123Category X Fatigue after meals0123Category VI Roughage and fiber cause constipation01233Fatigue after meals0123Roughage and fiber cause constipation0123SFequent urination0123Noughage and fiber cause constipation0123SFequent urination0123Frequent urination0123SFequent urination0123Fatigue after meals0123SSSSSSSFatigue aft							0	1	2	3
Category VDepend on coffee to keep going/get started0123Get light-headed if meals are missed0123Get light-headed if meals are missed0123Feel hungry an hour or two after eating Heartburn0123Men lying down or bending forward Temporary0123relief by using antacids, food, milk, or carbonated beverages0123Digestive problems subside with rest and relaxation0123Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine0123Category VI Roughage and fiber cause constipation0123Roughage and fiber cause constipation0123Frequent urination0123Frequent urination0123Frequent urination0123Frequent urination0123Frequent urination0123Frequent urination0123Frequent urination0123Frequent urination0123Frequent urination01 <td< td=""><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>Irritable if meals are missed</td><td></td><td></td><td></td><td></td></td<>		0	1	2	3	Irritable if meals are missed				
Category VGet light-headed if meals are missed0123Stomach pain, burning, or aching 1-4 hours after eating0123Eating relieves fatigue0123Use antacids0123Get light-headed if meals are missed0123Feel hungry an hour or two after eating Heartburn0123Agitated, easily upset, nervous0123Poor memory/forgetful0123Poor memory/forgetful0123Poor memory/forgetful0123Blurred vision0123Blurred vision0123Category XFatigue after meals0123Category VIThe acting sweets does not relieve cravings for sugar0123Must have sweets after meals0123Roughage and fiber cause constipation0123Frequent urination0123Frequent urination0123Frequent urination0123	unargestea food found in stools				-	Depend on coffee to keep going/get started				
Category V0123Stomach pain, burning, or aching 1-4 hours after eating Use antacids0123Use antacids0123Feel hungry an hour or two after eating Heartburn when lying down or bending forward Temporary relief by using antacids, food, milk, or carbonated beverages0123Digestive problems subside with rest and relaxation Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine0123Category VI Roughage and fiber cause constipation01233O123Category the geal of larger than hip girth Frequent urination0123O123Fatigue after meals Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine0123Category VI Roughage and fiber cause constipation0123SFequent urination0123SSO123SSS12Category VI Roughage and fiber cause constipation0123SS123State difference Roughage and fiber cause constipation0123SS123Category VI Roughage and fiber cause constipation0123S123Category VI Roughage and fiber cause constipation <td></td> <td></td> <td></td> <td></td> <td></td> <td>Get light-headed if meals are missed</td> <td></td> <td></td> <td></td> <td></td>						Get light-headed if meals are missed				
Stomach pain, burning, of aching 1-4 hours after eating Use antacids0123Use antacids0123Feel hungry an hour or two after eating Heartburn when lying down or bending forward Temporary relief by using antacids, food, milk, or carbonated beverages0123Digestive problems subside with rest and relaxation Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine0123Category VI Roughage and fiber cause constipation0123O123Category the equal or larger than hip girth Frequent urination0120123Faigue after meals Frequent urination0120123Frequent urination012		0	1	2	2					
Use antacids0123Feel hungry an hour or two after eating Heartburn when lying down or bending forward Temporary relief by using antacids, food, milk, or carbonated beverages012301233Poor memory/forgetful Blurred vision0123Digestive problems subside with rest and relaxation Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine01233Category XCategory VI Roughage and fiber cause constipation01233Category the fiber cause constipation01230123Frequent urination012330123Frequent urination01230123Frequent urination0123				4						
Feel hungry an hour or two after eating Heartburn0123when lying down or bending forward Temporary relief by using antacids, food, milk, or carbonated beverages0123Digestive problems subside with rest and relaxation Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine0123Category VI Roughage and fiber cause constipation0123301233Category XFrequent urination0123Fatigue after meals0123Category VI Roughage and fiber cause constipation01230123Frequent urination0120123Frequent urination0123	Use antacids									
which rying down of behaving forward remporary relief by using antacids, food, milk, or carbonated beverages0123Digestive problems subside with rest and relaxation Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine0123 Category VI Roughage and fiber cause constipation01233 Category VI Roughage and fiber cause constipation0123	Feel hungry an hour or two after eating Heartburn			2		Poor memory/forgetful				
relief by using antacids, food, milk, or carbonated beverages0123Digestive problems subside with rest and relaxation Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine0123Category VI Roughage and fiber cause constipation0123Category X0123Category X0123Fatigue after meals0123Category X0123Category VI Roughage and fiber cause constipation0123Sate of the second seco		0	1	2	3					
carbonated beverages0123Category XDigestive problems subside with rest and relaxation Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine0123Category X0123Category X0123Category VI Roughage and fiber cause constipation0123Category I Frequent urination0123Fatigue after meals0123Category VI Frequent urination0123						Diurieu vision	0	1	2	3
Category VI Roughage and fiber cause constipation0123Category X Fatigue after meals01230123Category VI Frequent urination0123612301230123612301233123123012333333301233333330123333333012333333301233333330123333333012333333301233333331123333333123333333331333333333333133333333333333333<		0	1	2	3	Cotorer V				
Digestive problems subside with rest and relaxation0123Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine0123Category VI Roughage and fiber cause constipation012301233Eating sweets during the day Eating sweets does not relieve cravings for sugar Must have sweets after meals012301233Must have sweets after meals0123Frequent urination01233333		0					0	-1	-	2
peppers, alcohol, and caffeine0123Eating sweets does not relieve cravings for sugar Must have sweets after meals0123Category VI Roughage and fiber cause constipation0123Waist girth is equal or larger than hip girth0123Frequent urination0123Frequent urination0123		2	-		-		U			
Category VI0123Roughage and fiber cause constipation0123Frequent urination0123		0	1	2	3		0			
Category VI Roughage and fiber cause constipation0123Waist girth is equal or larger than hip girth0123Frequent urination012333333	peppers, alcohol, and caffeine	U	1	4	5			1		
Roughage and fiber cause constipation $\begin{bmatrix} 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \end{bmatrix}$ Frequent urination $\begin{bmatrix} 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \end{bmatrix}$							0	1	2	3
Roughage and fiber cause constipation $\begin{bmatrix} 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \end{bmatrix}$ Frequent urination $\begin{bmatrix} 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \end{bmatrix}$	Category VI	6		~		Waist girth is equal or larger than hip girth	0	1	2	3
	Roughage and fiber cause constipation	0					0	1	2	3
Indigestion and runness last 2-4 hours after eating 1 increased unitst and appende V I 2 3	Indigestion and fullness last 2-4 hours after eating	0	1	2	3	Increased thirst and appetite	0	1	2	3
Pain, tenderness, soreness on left side under rib cage $\begin{bmatrix} 0 & 1 & 2 & 3 \end{bmatrix}$ Difficulty losing weight $\begin{bmatrix} 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \end{bmatrix}$		0	1	2	3					
	,						~	-		

Symptom groups listed on this form are not intended to be used as a diagnosis of any disease or condition.

Code and MI									
Category XI	~		-	•	Category XVII	0		-	
Cannot stay asleep	0	1	2	3	Increased sex drive	0	1	2	3
Crave salt	0	1	2	3	Tolerance to sugars reduced		1	2	3
Slow starter in the morning	0	1	2	3	"Splitting" - type headaches		1	2	3
Afternoon fatigue	0	1	2	3					
Dizziness when standing up quickly	0	1	2	3	Category XVIII (Males Only)				
Afternoon headaches	0	1	2	3	Urination difficulty or dribbling	0	1	2	3
Headaches with exertion or stress	0	1	2	3	Frequent urination	Ő	1	2	3
Weak nails	Ő	1	2	3	Pain inside of legs or heels	0			
		_	_	-			1	2	3
Category XII					Feeling of incomplete bowel emptying	0	1	2	3
Cannot fall asleep	0	1	2	3	Leg twitching at night	0	1	2	3
Perspire easily	0	1	2	3					
Under high amount of stress	Õ	1	2	3	Category XIX (Males Only)				
Weight gain when under stress	Ő	1	2	3	Decreased libido	0	1	2	3
Wake up tired even after 6 or more hours of sleep	Ő	1	2	3	Decreased number of spontaneous morning erections	0	1	2	3
Excessive perspiration or perspiration with little	v		-	5	Decreased fullness of erections	0	1	2	3
or no activity	0	1	2	3	Difficulty maintaining morning erections	Ő	1	2	3
of no activity	U	1	4	5	Spells of mental fatigue	Ő	1	2	3
Category XIII									
Edema and swelling in ankles and wrists	0	1	2	3	Inability to concentrate	0	1	2	3
Muscle cramping	ñ	1	$\frac{1}{2}$	3	Episodes of depression	0	1	2	3
Poor muscle endurance	0	1	$\frac{2}{2}$	3	Muscle soreness	0	1	2	3
	0				Decreased physical stamina	0	1	2	3
Frequent urination		1	2	3	Unexplained weight gain	0	1	2	3
Frequent thirst	0	1	2	3	Increase in fat distribution around chest and hips	0	1	2	3
Crave salt	0	1	2	3	Sweating attacks	0	1	2	3
Abnormal sweating from minimal activity	0	1	2	3	More emotional than in the past	Ő	1	2	3
Alteration in bowel regularity	0	1	2	3	wore emotional than in the past		-	-	Ũ
Inability to hold breath for long periods	0	1	2	3	Category XX (Menstruating Females Only)				
Shallow, rapid breathing	0	1	2	3	Perimenopausal		Van	ЪT	
Cotogon VIV									
Category XIV					Alternating menstrual cycle lengths				
Tired/sluggish	0	1	2	3	Extended menstrual cycle (greater than 32 days)		Yes	N	
Feel cold—hands, feet, all over	0	1	2	3	Shortened menstrual cycle (less than 24 days)		Yes	Ν	0
Require excessive amounts of sleep to function properly	0	1	2	3	Pain and cramping during periods		1	2	3
Increase in weight even with low-calorie diet	0	1	2	3	Scanty blood flow		1	2	3
Gain weight easily	0	1	2	3	Heavy blood flow	0	1	2	3
Difficult, infrequent bowel movements	Ő	1	2	3	Breast pain and swelling during menses	0	1	2	3
Depression/lack of motivation	Ő	1	2	3	Pelvic pain during menses	Ő	1	2	3
Morning headaches that wear off as the day progresses	Ő	1	2	3	Irritable and depressed during menses	Ő	1	2	3
Outer third of eyebrow thins	0	1	2	3	· ·	Ő		$\frac{2}{2}$	
Thinning of hair on scalp, face, or genitals, or excessive	U	1	4	5	Acne	-	1		3
hair loss	Δ	1	2	2	Facial hair growth	0	1	2	3
Dryness of skin and/or scalp	U	1	2	3	Hair loss/thinning	0	1	2	3
Mental sluggishness	0	1	2	3					
	0	1	2	3	Category XXI (Menopausal Females Only)				
Category XV					How many years have you been menopausal?	_		_ye	ears
Heart palpitations	0	1	2	3	Since menopause, do you ever have uterine bleeding?		Yes	N	
Inward trembling	Ő	1	2	3	Hot flashes	0	1	2	3
Increased pulse even at rest	Ő	1	2	3	Mental fogginess	Ő	1	2	3
Nervous and emotional	ő	1	$\frac{1}{2}$	3	Disinterest in sex	Ő	1	$\frac{2}{2}$	3
Insomnia	ň	1	$\frac{1}{2}$	3	Mood swings	0		$\frac{2}{2}$	3
	0	1				U	1		
Night sweats Difficulty gaining weight	U A		2	3	Depression	0	1	2	3
Difficulty gaining weight	0	1	2	3	Painful intercourse	0	1	2	3
Category XVI					Shrinking breasts	0	1	2	3
Diminished sex drive	0	1	2	3	Facial hair growth	0	1	2	3
Menstrual disorders or lack of menstruation	0				Acne	0	1	2	3
		1	2	3 3	Increased vaginal pain, dryness, or itching	0	1	2	3
Increased ability to eat sugars without symptoms	0	1	2	3					

PART III

Medications

 Name:
 Date:

Please list all drugs you are <u>currently taking</u> including over the counter drugs, aspirin, etc. Also, list how long you have taken each drug and the condition for which it was prescribed.

DRUG	PRESCRIBED FOR:	HOW LONG

Please list all drugs taken <u>within the last year</u> including over the counter drugs, antibiotics, aspirin, inhalers, etc. Also, list how long you have taken each drug and the condition for which it was prescribed.

DRUG	PRESCRIBED FOR:	HOW LONG

Please list all vitamins/herbs/supplements you are currently taking. Also, list how much of each supplement you are taking, how long you have taken, and for which condition.

VITAMIN/HOW MUCH	FOR:	HOW LONG

Are you allergic to any drugs/medications (please list)?_____

Consent for Use or Disclosures of Health Information

Our Privacy Pledge

We are very concerned with protecting your privacy. While the law requires us to give you this disclosure, please understand that we have, and always will, respect the privacy of your health information.

There are several circumstances in which we may have to use or disclose your health care information.

- We may have to disclose your health information to another health care provider or a hospital if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition.
- We may have to disclose your health information and billing records to another party if they are potentially responsible for the payment of your services.
- We may need to use your health information within our practice for quality control or other operational purposes.

We have a more complete notice that provides a detailed description of how your health information may be used or disclosed. You have the right to review that notice before you sign this consent form (164.520). We reserve the right to change our privacy practices as described in that notice. If we change to our privacy practices, we will notify you in writing when you come in for treatment or by mail. Please feel free to call us at any time for a copy of our privacy notices.

Your Right to Limit Uses or Disclosures

You have the right to request that we do not disclose your health information to specific individuals, companies, or organizations. If you would like to place any restrictions on the use or disclosure of your health information, please let us know in writing. We are not required to agree to your restrictions. However, if we agree with your restrictions, the restriction is binding on us.

Your Right to Revoke Your Authorization

You may revoke your consent to us any time; however, your revocation must be in writing. We will not be able to honor your revocation request if we have already released your health information before we receive your request to revoke your authorization. If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.

I have read your Consent Policy and agree to the terms of this policy. I am also acknowledging I have received a copy of this notice.

Printed Name

Authorized Provider Representative

Signature

Date

Appointment Reminders and Health Care Authorization

Your doctor and members of the practice staff may need to use your name, address, phone number, and your clinical records to contact you with appointment reminders, information about treatment alternatives, or other health related information that may be of interest to you. If this contact is made by phone and you are not at home, a message will be left on your answering machine. By signing this form, you are giving us authorization to contact you with these reminders and information.

You may restrict the individuals or organizations to which your health care information is released or you may revoke your authorization to us any anytime; however, your revocation must be in writing and mailed to us at our office address. We will not be able to honor your revocation request if we have already released your health information before we receive your request to revoke your authorization. In addition, if you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.

Information that we use or disclosed based on the authorization you are giving us may be subject to re-disclosure by anyone who has access to the reminder or other information and may no longer be protected by the federal privacy rules.

You have the right to refuse to give us this authorization. If you do not give us authorization, it will not affect the treatment we provide to you or the methods we use to obtain reimbursement for your care.

You may inspect or copy the information that we use to contact you to provide appointment reminders, information about treatment alternatives, or other health related information at any time.(164.524).

This notice is effective as of ______ and will expires seven (7) years after the date on which you last received services from us.

I authorize you to use or disclosed my health information in the manner described above. I am also acknowledging that I have received a copy of this authorization.

Date

Patient name printed

Patient Signature

Authorized provider representative

Personal representative name printed

Personal representative signature

Description of personal representative's authority to act for the patient