

MALE NUTRITIONAL HEALTH FORM

Name _____ Age _____ Today's date M/D/Y _____
Birth Date M/D/Y _____ Weight _____ Height _____ Occupation _____
Phone(s) _____ Email Address _____

1. What are your health goals? Please rank them in order of priority.

- A) _____
B) _____
C) _____

2. What is the reason for this visit? _____

LIFESTYLE INDICATORS

1. Do you use any of the following? Check the one that applies to you. < meaning "less than" > meaning "greater than"

- | | | | | |
|------------------------------|----------------------------|--------------------------------------|--------------------------------------|---|
| Alcohol: | <input type="radio"/> None | <input type="radio"/> < 2 drinks/day | <input type="radio"/> > 2 drinks/day | <input type="radio"/> or Stopped recently M/D/Y _____ |
| Coffee: | <input type="radio"/> None | <input type="radio"/> < 2 cups/day | <input type="radio"/> > 2 cups/day | <input type="radio"/> or Stopped recently M/D/Y _____ |
| Soda: | <input type="radio"/> None | <input type="radio"/> < 2 drinks/day | <input type="radio"/> > 2 drinks/day | <input type="radio"/> or Stopped recently M/D/Y _____ |
| Sweets/Refined Carbs: | | <input type="radio"/> < twice/day | <input type="radio"/> > twice/day | <input type="radio"/> or Stopped recently M/D/Y _____ |
| White Flour: | <input type="radio"/> None | <input type="radio"/> < twice/day | <input type="radio"/> > twice/day | |
| Milk/Dairy Products: | | <input type="radio"/> None | <input type="radio"/> < twice/day | <input type="radio"/> > twice/day |
| Juice: | <input type="radio"/> None | <input type="radio"/> < twice/day | <input type="radio"/> > twice/day | <input type="radio"/> |
| Meat/Fish: | <input type="radio"/> None | <input type="radio"/> Rarely | <input type="radio"/> > once a week | <input type="radio"/> Everyday |

2. Do you smoke cigarettes/cigars or use nicotine gum or other stimulants? ☐ No ☐ Yes, amount _____

3. What do you do for stress relief? _____

- | | | | | | | | | | | | | |
|---------------------------------------|-----------|---|---|---|---|---|---|---|---|---|----|----------------|
| 4. Sleep Circle one. | No stress | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Extreme stress |
| 5. Mindset Circle one. | No stress | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Extreme stress |
| 6. Personal relationships Circle one. | No stress | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Extreme stress |
| 7. Occupational Circle one. | No stress | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Extreme stress |
| 8. Finances Circle one. | No stress | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Extreme stress |

9. How many times a week do you exercise? _____ What was the date of your last physical exam? _____

10. List medications you are currently taking: _____

11. Any known drug allergies? _____

12. Do you or have you used hormone replacement therapy? ☐ No ☐ If Yes, what? _____

When? _____ Dosage? _____

13. List natural supplements, herbs, remedies, including athletic performance supplements you are currently taking _____

14. List any significant health issues (diabetes, surgeries, heart disease, etc) _____

MALE NUTRITIONAL HEALTH FORM

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SIGNS & SYMPTOMS	Severity (check one)			Comments
Low mood / depression	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Irritability	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Anxiety	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Anger / aggression	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Discouragement / pessimism	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Decreased interest in activities / relationships	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Decreased initiative / motivation / drive	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Decreased productivity at work	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Concentration problems	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Memory problems	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Foggy thinking	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Increased fatigue	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Decrease in strength / stamina	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Decrease in athletic performance	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Decreased lean muscle mass	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Muscle soreness / weakness	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Body / joint aches	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Weight loss	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Weight gain	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Increased fat on hips / breasts / thighs	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Low blood sugar / hypoglycemia	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Sweet cravings (carbs/chocolate)	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Caffeine / stimulant cravings	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Salt cravings	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Constant hunger	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Elevated cholesterol	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Elevated blood pressure	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Digestive problems	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Head hair loss	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Need to shave less frequently	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Body hair loss	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Dry skin / thinning skin	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Decreased spontaneous	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Morning erections	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Lowered libido	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Erectile Dysfunction (ED)	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Pain with ejaculation	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Frequent need to urinate	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Urination is delayed/strained/incomplete	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Pain with urination	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Blood in the urine	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Bone loss/osteoporosis	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
Other	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	

MALE NUTRITIONAL HEALTH FORM

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SYMPTOM SURVEY

Only check symptoms that apply. MILD = occurs rarely, MODERATE = occurs several times a month, SEVERE = constant

A	Acid foods upset	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Strong light irritates	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Get chilled, often	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Urine amount reduced	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	"Lump" in throat	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Heart pounds after retiring	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Dry mouth-eyes-nose	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	"Nervous" stomach	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Pulse speeds after meals	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Appetite reduced	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Keyed up - fail to calm	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Cold sweats often	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Cuts heal slowly	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Fever easily raised	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Gag Easily	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Neuralgia-like pains	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Unable to relax, startles easily	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Staring, blinks little	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Extremities cold, clammy	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Sour stomach frequent	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
B	Joint stiffness after arising	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Breathing irregular	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Muscle-leg-toe cramps at night	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Pulse slow; feels "irregular"	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	"Butterfly" stomach, cramps	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Gagging reflex slow	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Eyes or nose watery	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Difficulty swallowing	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Eyes blink often	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Constipation/diarrhea alternating	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Eyelids swollen, puffy	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	"Slow starter"	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Indigestion soon after meals	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Gets "chilled" infrequently	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Always hungry; "lightheaded" often	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Perspire easily	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Digestion rapid	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Circulation poor, sensitive to cold	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Vomiting frequent	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Subject to colds, asthma, bronchitis	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Hoarseness frequent	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe				
C	Eat when nervous	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Heart palpitates if meals delayed	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Excessive appetite	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Afternoon headaches	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Hungry between meals	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Overeating sweets upsets	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Irritable before meals	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Sleeping few hrs; difficulty falling asleep	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Get "shaky" if hungry	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Crave candy or coffee in afternoons	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Fatigue, eating relieves	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Depression moods: "blues"/melancholy	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	"Lightheaded" if meals delayed	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Abnormal craving for sweets/snacks	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
D	Hands/feet go to sleep, numbness	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Muscle cramps worse in exercise/"charley horses"	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Sigh frequently, "air hunger"	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Shortness of breath worse on exertion	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Aware of "breathing heavily"	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Dull pain in chest/left arm, worse on exertion	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	High altitude discomfort	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Bruise easily, "black and blue" spots	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Opens windows in closed room	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Tendency to anemia	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Susceptible to colds and fevers	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	"Nose bleeds" frequent	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Afternoon "yawner"	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Noises in head or "ringing in ears"	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Get "drowsy" often	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Breastbone "tightness" on exertion	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Swollen ankles worse at night	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe				

MALE NUTRITIONAL HEALTH FORM

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E	Dizziness	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Skin peels on foot soles	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Dry skin	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Pain between shoulder blades	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Burning feet	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Use laxatives	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Blurred vision	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Stools alternate from soft to watery	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Itching skin and feet	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	History of gallbladder attacks or gallstones	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Excessive falling hair	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Sneezing attacks	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Frequent skin rashes	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Dreaming, nightmare type bad dreams	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Bitter/metallic taste in mouth in mornings	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Bad breath (halitosis)	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Bowel movements painful or difficult	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Milk products cause distress	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Worrier, feels insecure	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Sensitive to hot weather	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Feeling queasy; headache over eyes	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Burning or itching anus	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Greasy foods upset	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Crave sweets	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Stools light-colored	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe				
F	Loss of taste for meat	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Indigestion 1/2-1 hr after eating; up to 3-4 hrs	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Lower bowel gas several hrs after eating	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Mucous colitis or "irritable bowel"	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Burning stomach sensations, eating relieves	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Gas shortly after eating	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Coated tongue	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Stomach "bloating" after eating	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Pass large amounts of foul-smelling gas	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe				
G 1	Insomnia	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Inward trembling	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Nervousness	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Heart palpitates	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Can't gain weight	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Increased appetite without weight gain	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Intolerance to heat	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Pulse fast at rest	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Highly emotional	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Eyelids and face twitch	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Flush easily	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Irritable and restless	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Night sweats	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Can't work under pressure	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Thin, moist skin	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe				
2	Increase in weight	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Mental sluggishness	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Decrease in appetite	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Hair coarse, falls out	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Fatigue easily	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Headaches upon arising wear off during day	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Ringing in ears	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Slow pulse, below 65	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Sleepy during day	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Frequency of urination	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Sensitive to cold	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Impaired hearing	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Dry or scaly skin	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Reduced initiative	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Constipation	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe				
3	Failing memory	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Headaches, "splitting or rendering" type	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Low blood pressure	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Decreased sugar tolerance	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Increased sex drive	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe				
4	Abnormal thirst	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Tendency to ulcers,colitis	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Bloating of abdomen	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Increased sugar tolerance	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Weight gain around hips or waist	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Women: menstrual disorders	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Sex drive reduced or lacking	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Young girls: lack of menstrual function	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe

MALE NUTRITIONAL HEALTH FORM

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G 5 Dizziness	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Increased blood pressure	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Headaches	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Sugar in urine (not diabetes)	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Hot flashes	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe		<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
6 Weakness, dizziness	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Poor circulation	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Chronic fatigue	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Swollen ankles	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Low blood pressure	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Crave salt	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Nails, weak, ridged	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Brown spots or bronzing of skin	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Tendency to hives	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Allergies - tendency to asthma	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Arthritic tendencies	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Weakness after colds, influenza	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Perspiration increase	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Exhaustion - muscular and nervous	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Bowel disorders	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Respiratory disorders	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
H Apprehension	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Weakness	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Irritability	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Fatigue	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Morbid fears	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Skin sensitive to touch	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Never seems to get well	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Tendency toward hives	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Forgetfulness	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Nervousness	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Indigestion	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Headache	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Poor appetite	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Insomnia	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Craving for sweets	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Anxiety	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Muscular soreness	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Anorexia	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Depression; feelings of dread	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Inability to concentrate; confusion	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Noise sensitivity	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Frequent stuffy nose; sinus infections	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Acoustic hallucinations	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Allergy to some foods	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Tendency to cry without reason	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Loose joints	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Hair is coarse and/or thinning	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe				
I Prostate trouble	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Lack of energy	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Urination difficult or dribbling	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Migrating aches and pains	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Night urination frequent	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Tire too easily	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Depression	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Avoids activity	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Pain on inside of legs or heels	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Leg nervousness at night	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Feeling of incomplete bowel evacuation	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	Diminished sex drive	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe

SYMPTOM SURVEY GRADING

A Sympathetic Dominance _____
B Parasympathetic Dominance _____
C Sugar Handling _____
D Cardiovascular _____
E Liver _____

F Digestion _____
G Endocrine **1** Hyperthyroid _____ **2** Hypothyroid _____
3 Hyperpituitary _____ **4** Hypopituitary _____
5 Hyperadrenal _____ **6** Hypoadrenal _____
H B complex _____
I Male _____

MALE NUTRITIONAL HEALTH FORM

6/9

SLEEP HABITS

1. How do you sleep? **Check one.** ☐ Well ☐ Trouble falling asleep ☐ Trouble staying asleep ☐ Insomnia
How long has this been happening? _____
2. How many hours do you sleep a night on average? _____
3. Do night sweats wake you up? ☐ No ☐ Yes, how often? _____
4. Do you wake up tired? ☐ No ☐ Yes, how long has this been happening? _____
5. Is your room completely dark when you sleep at night? (no night light, street lamp, TV, etc.) ☐ No ☐ Yes
6. Do you get at least 30 minutes of outside daylight time, several days each week? ☐ No ☐ Yes

REPRODUCTIVE

1. Have you had a vasectomy? ☐ No ☐ Yes, when? _____
2. Have you had a reverse vasectomy? ☐ No ☐ Yes, when? _____
3. Have you experienced symptoms related to the vasectomy? ☐ No ☐ Yes, explain _____
4. Do you have a history of prostate problems? ☐ No ☐ Yes, explain _____
5. Date of last Prostate Exam **M/D/Y** _____ Most recent PSA results _____ Date **M/D/Y** _____

NUTRITIONAL ID QUESTIONNAIRE

Circle one answer per question. When complete, count the number of **A**, **B**, and **C** answers to discover your Base Nutritional Plan.

1. If you had a full schedule for your morning and had to be at your peak until lunch, knowing that you would have no opportunity to snack or reach for a stimulant such as caffeine to keep you going; which of these breakfast choices would give you the highest sustained energy?
 - A**) Eggs, with bacon or sausage, and a small amount of hash browns
 - B**) Almost any meal will give me the energy I need
 - C**) Something light such as fruit, toast, yogurt or a protein shake would allow me to enjoy peak energy, without any need or desire for a snack
2. What are your thoughts about salt?
 - A**) Love it, would add it often if I thought it was good for me and love vehicles for salt such as chips, pretzels, etc.
 - B**) I could take it or leave it
 - C**) I don't like it — I often find foods too salty
3. If you have ever been on a juice or water fast for any length of time how did you react?
 - A**) I reacted terribly; low energy, anxious, and starving
 - B**) I could fast if necessary
 - C**) I thrived when fasting and could do this regularly
4. At Thanksgiving dinner, when the turkey plate is being passed around, which would you prefer?
 - A**) I would reach for a thigh or a leg- I prefer the taste
 - B**) Either light or dark meat would be pleasurable
 - C**) I prefer white meat and am sometimes repulsed by fattier dark meat

MALE NUTRITIONAL HEALTH FORM

7/9

- 5. If you had a full schedule for your afternoon and had to be at your peak until after dinner, knowing that you would have no opportunity to snack or reach for a stimulant such as caffeine to keep you going; which of these lunch choices would give you the highest sustained energy?**
- A)** I would prefer a burger with cheese and maybe a small spinach salad with dressing to provide the energy needed for my afternoon
 - B)** Almost any meal will give me the energy I need
 - C)** My energy would excel if I consumed a large salad with either some cheese or a small chicken breast as a protein
- 6. You are given the choice of a lighter fish such as tilapia or a heavier fish such as salmon at your local seafood.**
- A)** I would generally chose salmon over a lighter fish
 - B)** Either would work for me depending on the day
 - C)** I would prefer the lighter tilapia over heavier seafood such as salmon
- 7. If you are out for a celebratory dinner and you are going to eat desert with no guilt attached; which would you choose?**
- A)** I would prefer a piece of cheesecake
 - B)** Either cheesecake or a dish or mixed berries would work for me
 - C)** I would prefer something lighter such as a dish of mixed berries
- 8. How do you feel about eating dessert?**
- A)** I love it and would eat it often if I could get away with it
 - B)** I can take it or leave it
 - C)** I really do not like desert except on rare occasions
- 9. If I would consume sweets on their own such as candies, cookies or cakes I would feel....**
- A)** That this would create some negative feeling and possibly cravings for more sweets
 - B)** That this would not create significant challenges for me but I may not be at my best
 - C)** That it would not have any negative effects and may actually satisfy my appetite
- 10. If you had a full schedule for your evening and had to be at your peak until bedtime, knowing that you would have no opportunity to snack or reach for a stimulant such as caffeine to keep you going; which of these dinner choices would give you the highest sustained energy?**
- A)** A small filet or broiled salmon with green beans or asparagus covered in butter or olive oil
 - B)** Almost any meal will give me the energy I need
 - C)** It would be best if I ate a light protein such as orange roughy or chicken breast with a large salad or vegetables such as broccoli or zucchini, with a small amount of butter or olive oil
- 11. I experience the most significant weight gain when....**
- A)** I over consume grains, breads and pastas
 - B)** I typically gain weight whenever I eat too much food of any kind- I see no noticeable difference based on fat or grain products
 - C)** I over consume fat
- 12. If you consumed a cup of caffeinated coffee on an empty stomach; how would you feel?**
- A)** This would make me feel anxious, jittery and / or hungry
 - B)** I could take it or leave it
 - C)** I do well on coffee as long as I do not drink too much
- 13. If I skip a meal I will feel.....**
- A)** Anxious, jittery, and weak, depressed or have other negative symptoms

MALE NUTRITIONAL HEALTH FORM

8/9

B) I would simply have normal hunger pangs

C) That this would not bother me and I may often forget to eat

Scoring:

For every **A** chosen **add 1 point**

Number of **A** answers = _____

For every **B** chosen **add 0 points**

Number of **B** answers = 0

For every **C** chosen **subtract 1 point**

Number of **C** answers = -

Your Score = _____

If your score is between **6 thru 14**, you would begin your Base Nutritional Plan as a **Protein Type**

If your score is between **-5 thru 5**, you would begin your Base Nutritional Plan as a **Mixed Type**

If your score is between **-14 thru -6**, you would begin your Base Nutritional Plan as a **Veggie Type**

GLUTEN QUESTIONNAIRE

Gluten intolerance has been found to be most common among people of Irish, English, Scottish and Scandinavian, and Eastern European. Often times it is assumed that gluten intolerance is a food allergy, but it is not. It is actually an autoimmune process, which affects an alarming percentage of the population. The most significant symptoms are weight gain, fatigue and depression. The following test is a diagnostic tool to help you to understand the symptoms and signs that are likely to go along with gluten intolerance.

1. Do any of the following apply to you? Check what applies to you.

- | | | |
|---|--|---|
| <input type="radio"/> Overly sensitive to physical & emotional pain, cry easily | <input type="radio"/> Weight gain | <input type="radio"/> Food allergies / sensitivities |
| <input type="radio"/> Muscle or joint pain or stiffness of unknown cause | <input type="radio"/> Difficulty gaining weight | <input type="radio"/> Difficulty digesting dairy products |
| <input type="radio"/> Difficulty relaxing, feel tense frequently | <input type="radio"/> Unexplained fatigue | <input type="radio"/> Unexplained digestive problems |
| <input type="radio"/> Tendency to over consume alcohol | <input type="radio"/> Eat when upset, eat to relax | <input type="radio"/> Intestinal gas |
| <input type="radio"/> Tendency to overeat sweets, bread, carbs | <input type="radio"/> Migraine like headache | <input type="radio"/> Constipation / diarrhea of no known cause |
| <input type="radio"/> Cravings for sweets, bread, carbohydrates | <input type="radio"/> Abdominal pain / cramping | <input type="radio"/> Abdominal bloating or distention |
| <input type="radio"/> Unexplained skin problems/rashes | <input type="radio"/> "Love" specific foods | |

2. Have you suffered from any of the following conditions?

- | | | |
|--|---|---------------------------------------|
| <input type="radio"/> Allergies | <input type="radio"/> Chronic fatigue | <input type="radio"/> Depression |
| <input type="radio"/> Irritable bowel syndrome | <input type="radio"/> Anorexia | <input type="radio"/> Crohn's disease |
| <input type="radio"/> Bulimia | <input type="radio"/> Ulcerative colitis | <input type="radio"/> Rosacea |
| <input type="radio"/> Iron deficiency / anemia | <input type="radio"/> Candida | <input type="radio"/> Diabetes |
| <input type="radio"/> Osteoporosis / bone loss | <input type="radio"/> Lactose intolerance | <input type="radio"/> Hypoglycemia |
| <input type="radio"/> Alcoholism | | |

Scoring:

Count the number of **checked** ("yes") responses = _____

If your score is **4 or Less**, your potential for gluten intolerance is: **Not likely**

If your score is between **5 thru 8**, your potential for gluten intolerance is: **Suspected**

If your score is **9 or more**, your potential for gluten intolerance is: **Very likely**

MALE NUTRITIONAL HEALTH FORM 9/9

RELEASE AND WAIVER

We require a 24-hour notice to cancel a nutrition appointment. Arriving 5-10 minutes before your scheduled appointment time will allow you to be in the room and ready for testing at your appointment time. Please note that, your appointment time is the time you should be in the room ready and waiting for the doctor, not the time you arrive at the office.

I understand that Dermatome Compression Analysis is a health assessment system and it is used to assist the practitioner help the patient improve his/her physical state through nutritional and life style recommendations. I also, understand that it is to assist the practitioner in establishing and monitoring patient nutritional programs and progress. I understand that Dermatome Compression Analysis procedures do not diagnose or treat any disease or physical illness. I understand that Dermatome Compression Analysis evaluation does not replace standard laboratory or other clinical diagnostic tools or procedures, and in themselves do not treat anything.

I specifically authorize Dr. Bob Apol to create health analysis and to develop a natural, complementary health improvement pro- gram for me which may include dietary guidelines, nutritional supplements, etc. in order to assist me in improving my health, and not for the treatment, or "cure" of any disease. I understand that this is not a method for "diagnosing" or "treating" of any disease including conditions of cancer, AIDS, infec- tions, or other medical conditions, and that these are not being tested for or treated. No promise or guarantee has been made regarding the results of this testing or any natural health, nutritional or dietary programs recommended, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health. I understand that I am to adhere to the program guidelines. These guidelines have been fully laid out before me and discussed in detail. If I do not fully comply, I understand that this will greatly impact my results and success. I have read and understand the foregoing. This permission form applies to subsequent visits and consultations.

I understand and agree that all services rendered to me are charged directly to me and I am personally responsible for payment. I also understand that if I terminate, any fees for professional services rendered to me will be immediately due and payable. To agree to arbitration for any disputes. Understand that the office may choose the arbitrator and both parties agree to abide by the arbitrator's decision. To wave the right of notice or exemption within the state of Alabama or any other state in regard to personal property, allows one and one half (1.5 %) per month to any balance owed. In the event of default to also pay reasonable collection charges, attorney fees and court cost.

Patient name Please print _____ Patient signature _____ Date M/D/Y _____

Witness name Please print _____ Witness signature _____ Date M/D/Y _____