

Patient Intake Form

Name:		
Address: Street:		
City:	State:	Zip:
Phone: Home		
Work		
Emergency Contact:		Relationship:
Phone:		

Today's Date:	
Birthdate:	
Gender:	Age:
Height:	Weight:

Primary Physician:	Referred By:
Occupation:	

___ I grant permission to Release Integrative Medicine to send me email regarding important appointment information.

Signature

Date

MEDICAL HISTORY

What is the reason that you have come in to see us today?

List your primary symptoms and how long they have been affecting you.

What do you hope to achieve?

What diagnoses have been made by your physicians?

Are you pregnant or might you be pregnant? Please tell us when your exam begins.

- Yes
- No

Previous hospitalizations/surgeries (with dates and diagnosis):

Major/Chronic Illnesses and the medications taken for illness.

- Diabetes:
- High Blood Pressure:
- Neurological Disease:
- Heart Disease:
- Respiratory Disease:
- Gastrointestinal Disease:
- Liver Disease, Hepatitis:
- Cancer:
- Kidney Disease:
- Thyroid Disease:
- HIV, Infectious Disease:

Do you take thyroid medication?

- Yes, if yes list it here _____
- No

Insomnia

- Can't go to sleep until after 11pm (sympathetic)
- Go to sleep but awoken at:
 - 11pm to 1am (Gb)
 - 1am to 3am (Lv)
 - 3am to 5am (Lu)
 - 5am to 7am (Li)

Fatigue

- I have a problem with fatigue. It is worst during:
 - 5am to 7am (Li)
 - 7am to 9am (St)
 - 9am to 11am (Sp)
 - 11am to 1pm (Ht)
 - 1pm to 3pm (Si)
 - 3pm to 5pm (Bl)
 - 5pm to 7pm (K)
 - 7pm to 9pm (P)

Other Medical Conditions That You Want to List Here:

Emotions: Select the emotions that are most troublesome in your life.

- Irritability (SJ/P/ANS)
- Grief (Lu/Li)
- Sadness or lack of joy (Ht/Si)
- Worry (Sp/St)
- Fear (K/BL)
- Anger (Lv/Gb)

Drugs taken regularly in addition to above:

Over the Counter, supplements, or herbs taken regularly:

Mark the following that you use regularly:

- Tobacco
- Alcohol
- Coffee
- Caffeinated tea
- Street drugs
- Nutrasweet
- Splenda
- Saccharine
- Diet drinks
- MSG
- Transfats; partially hydrogenated fats
- Soy
- Mercury amalgam dental fillings
- Fluoride toothpaste

Do you have pain? Yes No Where? _____

Rate your pain on a scale from 1 to 10 where 10 is the worst pain imaginable: _____

Known drug allergies:

Check the following that apply (endocrine):

- I am gaining weight no matter what I do
- My emotions are out of control
- I have lost my sex drive

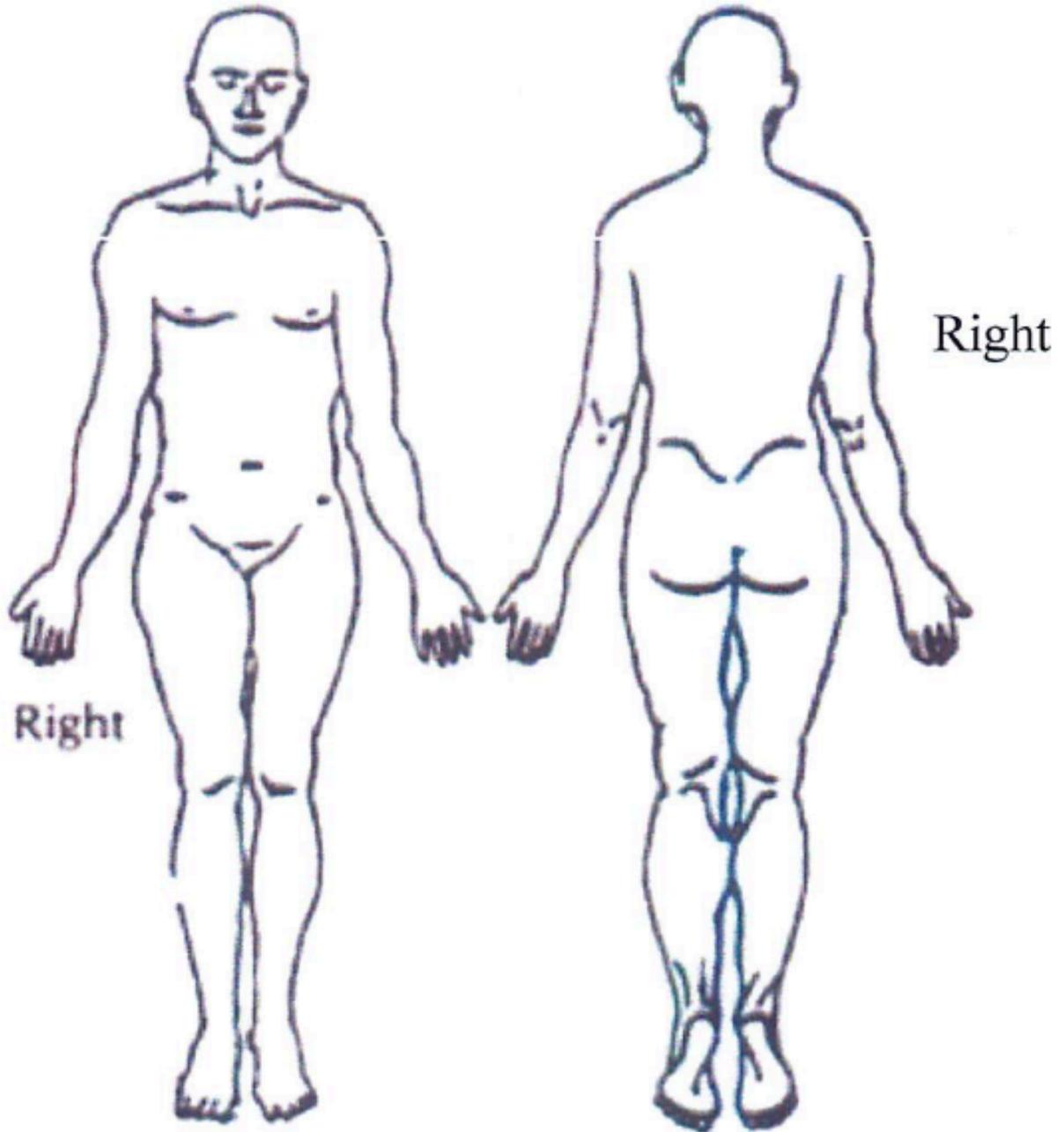
Women: Are you still having periods? Yes No

Men: Are you troubled with impotence? Yes No

Do you have to get up at night to urinate? Yes No

Family History

List any illnesses that tend to run in your family:



Mark any scars, tattoos, piercings on the diagram even if you got them years ago.

If you have had spinal anesthesia or spinal taps, mark them.

If you have no scars circle NONE

Circle any areas of pain

Hormone Balance Questionnaires

When answering the following questions:

1. Give yourself zero (0) points if you do not have this symptom or if the question does not apply to you at all.
2. Give yourself 1 point if the symptom is noticeable (you're aware of it, but it doesn't particularly bother you).
3. Give yourself 2 points if the symptom is annoying.
4. Give yourself 3 points if the symptom is limiting your life.
5. Do NOT insert multipliers where they are not indicated.

The following are symptoms of hypothyroidism. You may have normal thyroid blood tests and still have hypothyroidism.

Men & Women	Rate 0-3
Hypothyroidism (LOW thyroid):	
Problems with weight (<i>very easy to gain or extremely hard to lose, despite sensible food intake AND good exercise</i>)?	___ x 2 = ___
Problems with body temperature (<i>feeling chilly when others don't OR cold feet and/or hands OR needing to wear socks to bed OR having to dress in layers during the day OR decreased sweating OR slow to heat up with exercise</i>)?	___ x 2 = ___
Problems with RATE of body processes (<i>decreased reaction time OR slowed reflexes OR sluggish bowels/constipation OR sluggish liver/high cholesterol</i>)?	___ x 2 = ___
Problems with ENERGY (<i>severe fatigue OR utterly exhausted by the end of the day OR times during the day when energy drops out completely, feeling like the plug has been pulled on your energy</i>)?	___ x 2 = ___
Problems with MOOD (<i>depression OR negative thinking OR less than full improvement taking antidepressants</i>)?	___ x 2 = ___
Problems with SKIN (<i>adult acne OR eczema OR very dry skin OR puffiness/bags around the eye</i>)?	___ x 2 = ___
Problems with HAIR (<i>very dry-like straw OR brittle OR easily breaking OR easily falling out OR loss of outer eyebrows</i>)?	___ x 2 = ___
Problems with NAILS (<i>brittle OR thin OR cracked OR peeling</i>)?	___ x 2 = ___
Problems with THROAT or NECK (<i>hoarseness for no reason OR difficulty swallowing OR easily choking OR thick tongue that's frequently bitten OR intolerance to clothing/jewelry snug around the neck</i>)?	___ x 2 = ___
Exercise does not feel good OR muscle mass/strength does not improve with exercise?	___ x 2 = ___
Total low thyroid point score (maximum = 42)	

If you have been diagnosed with low or high thyroid problems in the past or with diabetes, rheumatoid arthritis, migraines, autoimmune disease (lupus, sarcoidosis, scleroderma, Sjogrens, myasthenia gravis, multiple sclerosis, Crohn's disease, ulcerative colitis, thrombocytopenia, add 5 points.

If any of your relatives have been diagnosed with the above, add 5 more points.

Low thyroid point score from table above: _____. Extra points: = _____. TOTAL: = _____.

The following are symptoms of hyperthyroidism.

Men & Women	Rate 0-3
Hyperthyroidism (HIGH thyroid):	
Bulging eyes OR “staring gaze” OR people commenting that you’re looking at them too intently?	___ x 2 = ___
Excessively fast heart rate OR runs of skipped beats OR bothersome palpitations OR shaking of fingers/hands (<i>tremor</i>)?	___ x 2 = ___
Swelling or tenderness of thyroid gland?	___ x 2 = ___
Panic attacks or breathlessness for no apparent reason OR unusual irritability OR hyped-up behavior changes without clear cause OR general anxiety or nervousness for no apparent reason?	___ x 2 = ___
Feeling hot much of the time OR intolerant to heat OR sweating more than others OR pronounced warm moist skin?	
Tremendous energy OR hardly needing sleep OR difficulty staying asleep?	
Unusual or rapid weight loss, especially if not on a diet?	
Constantly feeling like you’ve had too much coffee?	
Loose stools, fast bowels OR sense of metabolism “revved up”?	
Women: light periods OR skipping periods (<i>neither related to menopause</i>)?	
Total high thyroid point score (maximum = 42)	

If you have been diagnosed with diabetes or rheumatoid arthritis add 5 points.

If any of your relatives have been diagnosed with diabetes or rheumatoid arthritis, add 5 more points.

High thyroid point score from table above: _____. Extra points: = _____. TOTAL: = _____.

The following are symptoms of low cortisol.

Men & Women	Rate 0-3
Low cortisol (3 rd stage of adrenal failure):	
Easily frazzled OR flying off the handle frequently OR startling easily OR low tolerance for loud noises?	___ x 2 = ___
Poor resistance to respiratory infections OR asthma OR longer than normal recovery time from routine illness OR difficulty recuperating from unusual stress such as jet lag? Being "thrown for a loop" by small things (" <i>the least thing just flattens me</i> ")?	___ x 2 = ___
Dizziness upon standing up OR low blood pressure OR fainting?	___ x 2 = ___
Low stamina for stress OR caving in easily OR preferring to avoid any confrontations?	___ x 2 = ___
Sweating or wetness of the hands when nervous?	
Sense of always being stressed out OR feeling better right away when stress is resolved?	
Excessive sensitivity to chemicals OR increased allergies OR low tolerance for alcohol, coffee, other drugs, or strong odors?	
Unusual fatigue, especially in the morning with more energy after meals and later as the day progresses OR having better energy at night, when others are winding down (" <i>night owl</i> ")?	
Salt cravings (<i>especially liking or needing salty foods</i>) OR lack of thirst OR markedly low blood sugar/hypoglycemia (<i>can't skip a meal, needing snacks just to function, low fasting blood sugar on testing</i>)?	
"Tired, but wired" feeling OR low reserve (<i>little spare oomph to meet a challenge</i>)?	
Thin and/or dry skin?	
Brown spots on the face?	
Intolerance to exercise?	
Prolonged low blood pressure?	
Total low adrenal point score (maximum = 57)	

If you have ever been diagnosed with low adrenal function add 5 points.

If any of your relatives have been diagnosed with low adrenal function, add 5 more points.

Low cortisol point score from table above: _____. Extra points: = _____. TOTAL: = _____.

The following are symptoms of high cortisol.

Men & Women	Rate 0-3
High cortisol (2nd stage of adrenal failure):	
Normal thinking that becomes easily confused and frazzled when rushed or under pressure?	___ x 2 = ___
Swelling/water retention of fingers OR ankles OR limbs OR face?	___ x 2 = ___
Heart palpitations OR high blood pressure?	___ x 2 = ___
Unhealthy thinning skin (<i>easily injured or bruised</i>) OR excessively oily skin?	___ x 2 = ___
Increase in facial or body hair?	
Sleep problems (<i>staying awake much of the night</i>)?	
Elevated triglycerides (<i>a type of fat on a blood test</i>)?	
Sugar cravings OR blood sugar imbalance?	
Muscle weakness OR decreased muscle mass OR restless legs (<i>muscles twitching at night</i>)?	
Generalized ongoing excessive tension all day long OR constant low-grade headache for days on end?	
Total high adrenal point score (maximum = 42)	

If you have ever been diagnosed with high adrenal function add 5 points.

If any of your relatives have been diagnosed with high adrenal function, add 5 more points.

High cortisol point score from table above: _____. Extra points: = _____. TOTAL: = _____.

The following are symptoms of high adrenalin/low cortisol.

Men & Women	Rate 0-3
High adrenalin/low cortisol:	
Cold and clammy palms?	___ x 3 = ___
Large pupils?	___ x 3 = ___
Sensitivity to bright lights?	___ x 3 = ___
Rapid pulse?	___ x 3 = ___
Elevated systolic (<i>upper number</i>) blood pressure?	___ x 3 = ___
Total high adrenalin/low cortisol point score (maximum = 45)	

The following are symptoms of adrenal medulla fatigue (lack of adrenalin).

Men & Women	Rate 0-3
Adrenal medulla fatigue (lack of adrenalin):	
Consistent low blood pressure (<i>lower number [diastolic] below 80</i>)?	___ x 2 = ___
Don't like to be touched?	___ x 2 = ___
Avoid loud noises?	___ x 2 = ___
Avoid crowds?	___ x 2 = ___
Avoid arguments; don't like to be around people that are arguing?	___ x 2 = ___
Sometimes can't make simple decisions?	___ x 2 = ___
Sometimes just want people to leave you alone/desire to sleep all the time?	___ x 2 = ___
Sometimes annoyed when someone wants you to do something?	___ x 2 = ___
Can't multitask?	___ x 2 = ___
Difficulty dealing with stress?	___ x 2 = ___
Poor memory?	___ x 2 = ___
Low body temperature?	___ x 2 = ___
Find it easier to sleep in a lounge rather than a bed?	___ x 2 = ___
Total adrenal medulla fatigue (lack of adrenalin) point score (maximum = 72)	

The following are symptoms of low estrogen (women).

Women	Rate 0-3
Low estrogen:	
Foggy thinking OR inability to think clearly through a dilemma?	___ x 2 = ___
Hot flashes during the day OR excessive sweating at night?	___ x 2 = ___
Feeling tearful, often at the slightest thing OR unable to cope comfortably?	___ x 2 = ___
If menstruating, early period days are your most difficult time of the month?	___ x 2 = ___
Sleep disturbance (<i>either inability to fall asleep or trouble staying asleep</i>)?	
Memory lapses OR times when your mind goes blank OR you lose your train of thought?	
Frequent headaches, either at the temples or involving the entire head?	
Vaginal dryness (<i>at times irritating OR making sexual contact less comfortable</i>)?	
Incontinence (<i>inability to hold urine without leakage</i>)?	
Light or irregular periods, at times scanty, other times heavy?	
Frequent bladder infections?	
Total low estrogen point score (maximum = 45)	

If you have ever been diagnosed with low estrogen add 5 points.

If any of your relatives have been diagnosed with low estrogen, add 5 more points.

Low estrogen point score from table above: _____. Extra points: = _____. TOTAL: = _____.

The following are symptoms of low progesterone (women).

Women	Rate 0-3
Low progesterone:	
Exceptionally fine, smooth "glowing" skin, hardly needing creams or any extra care?	___ x 2 = ___
Heavy bleeding OR uterine fibroids OR endometriosis OR extremely uncomfortable uterine symptoms?	___ x 2 = ___
Tender breasts, at times a sense of being bruised, or of excess fullness?	___ x 2 = ___
PMS time is or has been the most difficult time of the month?	___ x 2 = ___
Fibrocystic breasts with many little lumps that can be felt easily OR diagnosed as chronic cystic mastitis? <i>(Note: also due to low iodine levels)</i>	
Cystic ovaries, upon examination or scan, with or without abdominal discomfort? <i>(Note: also due to low iodine levels)</i>	
Weight gain around the middle?	
High triglycerides <i>(a type of fat on a blood test)</i> ?	
Anxiousness, nervousness, irritability, or foggy thinking?	
Water retention making ankles, legs, fingers, or face swollen?	
Early miscarriage?	
Insomnia?	
Cyclical headaches?	
Infertility?	
Total low progesterone point score (maximum = 54)	

If you have ever been diagnosed with low progesterone add 5 points.

If any of your relatives have been diagnosed with low progesterone, add 5 more points.

Low progesterone point score from table above: ____ . Extra points: = ____ . TOTAL: = ____ .

The following are symptoms of high progesterone (women).

Women			
Progesterone Dominance (Rate 0-3)			
Increased weight gain and fat storage?		Decreased libido?	
Increased total cholesterol?		Incontinence?	
Decreased HDL?		Immune suppression?	
Increased LDL?		Increased appetite?	
Increased triglycerides?		Carbohydrate cravings?	
Elevated cortisol?		Bloating?	
Decreased growth hormone?		Constipation?	
Increased insulin resistance?		Gallstones?	
Depression?		Fatigue?	
Relaxed ligaments with achy back, legs, hips?		Total high progesterone point score (maximum = 57)	

Points: 0=> don't have; 1=> just noticeable; 2=>annoying;
 3=>limiting your life

The following are symptoms of high estrogen.

Women			
Estrogen Excess (Rate 0-3)			
Puffiness and bloating?		Foggy thinking?	
Rapid weight gain?		Gallbladder problems?	
Mood swings?		Heavy bleeding during menses?	
Anxious depression?		Breast tenderness?	
Insomnia?		Cervical dysplasia (abnormal pap smear)?	
Red flushed face?		Weepiness?	
Migraine headaches?		Magnesium deficiency?	
Osteopenia/osteoporosis?		Polycystic ovarian syndrome (PCOS)?	
PMS		Sluggish metabolism?	
Thyroid dysfunction		Uterine cancer?	
Uterine fibroids?		Water retention/bloating?	
		Total estrogen excess point score (maximum = 60)	

If you have ever been diagnosed with estrogen excess add 5 points.

If any of your relatives have been diagnosed with estrogen excess, add 5 more points.

Estrogen excess point score from table above: _____. Extra points: = _____. TOTAL: = _____.

The following are symptoms of excess androgens (women).

Women			
High androgen (Rate 0-3)			
Acne?		Infertility?	
Excessive hair on the face and arms?		Hypoglycemia = low blood sugar?	
Thinning hair on the head?		Mid-cycle pain?	
Ovarian cysts? (<i>Note: also due to low iodine levels</i>)		Polycystic ovarian syndrome (PCOS)? (<i>Note: also due to low iodine levels</i>)	
		Total high androgen score (maximum = 24)	

The following are symptoms of low testosterone (men).

Men	Rate 0-3
Low testosterone:	
Decreased mental ability OR decreased memory OR noticeable foggy thinking?	___ x 2 = ___
Decreased erection or sexual performance OR decreased sex drive? <i>(Note: also due to low adrenalin, nitric oxide, and low voltage in Spleen channel)</i>	___ x 2 = ___
A noticeable decrease in muscle mass/weight loss?	___ x 2 = ___
Apathy, not caring much what happens OR low motivation for life?	___ x 2 = ___
Slowed urine stream <i>(decreased urine flow)?</i>	
Increased urinary urges, feeling of pressure, discomfort, or leakage <i>(prostate problems)?</i>	
Feeling of being "burnt out"?	
High triglycerides <i>(a type of fat on a blood test)?</i>	
Decreased stamina for exercise or sexual activity?	
Thinning skin, easy to bruise or scratch?	
Joint stiffness OR aches and pains <i>(neither related to arthritis)?</i>	
Enlarged breasts?	
Gallbladder problems?	
Low self-esteem?	
Decreased HDL?	
Thinning and dry hair?	
Droopy eyelids?	
Sagging cheeks?	
Thin lips?	
Anxiety?	
Decreased bone strength?	
Total low testosterone point score (maximum = 72)	

The following are symptoms of low DHEA.

Men and Women			
Low DHEA (Rate 0-3)			
Brain fog?		Poor memory?	
Cancer?		Rheumatoid arthritis?	
Chronic inflammation?		Type II diabetes?	
Concentration difficulty?		Osteoporosis?	
Depression?		Migraine?	
Heart disease (men)		Total low DHEA point score (maximum = 33)	

The following are symptoms of low pregnenolone.

Men and Women			
Low pregnenolone (Rate 0-3)			
Depression?		Short-term memory loss?	
Low total cholesterol?		Tired?	
Moody?			
		Total low pregnenolone point score (maximum = 15)	

Rate your risk of chronic fatigue. Take a minute to think about how you have felt over the past 2 weeks. Which of these statements describe how you felt?

Men and Women		Rate	
Chronic fatigue risk (Rate 0-3 if YES)		YES	NO
I feel sad or down most of the time.			
I have lost interest in the activities that I used to enjoy.			
I feel tired almost every day.			
I have problems sleeping. I am either sleeping too much or staying awake at night.			
My appetite has changed. I'm not eating enough or I'm eating too much.			
I have trouble concentrating			
My friends say that I'm acting different. I'm either anxious and restless or I'm lethargic.			
I feel worthless or hopeless.			
I am having frequent headaches, stomach problems, muscle pain, or back problems.			
I find myself thinking a lot about dying.			
Total chronic fatigue risk score (maximum = 30)			

