


NAME:	<i>OFFICE USE ONLY</i>
<i>Persistent or New Symptoms/Concerns:</i> _____ _____ _____	BP: HR:
	WT: HT: BBT:
<i>Changes to the Medications:</i> _____ _____ _____	THY: ADR:
	PREGNANT: Y / N
	LABS: Y / N
 Please answer ALL questions.	VS-Ent'd/Transf/d - Y / N

- GENERAL** Overall Improved Stable Overall Worse Recently Better Recently Worse
- THYROID** NOT Jittery and NOT Cold Jittery Feeling Hot Cold Hands Cold Feet Cold-All Over
- HEART** NO Palpitations/Chest Pain Palpitations Chest Pain
- ENERGY** Overall Improved Recently Better Stable/Good Low/Tired Overall Worse Recently Worse
- WEIGHT** Better-Losing / Gaining. Stable Gain Loss
- DIGESTIVE** Better NO Constipation/Diarrhea/Heartburn Worse Diarrhea Constipation Heartburn
- URINARY** Stable Frequent Urination Poor Bladder Control Wakes up to Urinate: 1 2 3 4+
- HORMONES** No Hot Flashes/Night Sweats Hot Flashes Night Sweats Low Libido
 Breast Tenderness Belly Fat Sexual Dysfunction
- MENSES** Regular Irregular None Heavy PMS→ Mood Pain Breast Tenderness Bloating Swelling
- BONE/MUSCLE/JOINTS** Better Stable Worse→ Pain Swelling Location: _____
- HAIR** Better NOT Dry/Thinning/Losing Worse Continued Loss Dryness Thinning
- SKIN** Better NO Rash/Not Dry. Worse Dry Rash
- NAILS** Better NOT Breaking/Brittle. Worse Breaking Brittle
- NERVES** Better NO Dizziness or Headaches. Dizziness Headaches Memory Loss
- MOOD** Better NOT Depressed or Anxious. Worse Depressed Anxious Good
- SLEEP** Better NO Sleeping Problems. Worse Can't Fall Asleep Awakening
- DIET** Good Ok Poor Low Carb Vegan Vegetarian Cleanse: _____
- EXERCISE** Better NONE LITTLE REGULAR-Cardio REGULAR-Weight REGULAR-interval REGULAR-Other.

Please do not wait, return this form to the front desk right away.

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Tests: Labs / US / BBT / ETT

Refer:

Stop: Adrenal / HC / Fe

Tx:

Rx:

F/U: