

For Women Only:

Last Period: \_\_\_\_\_ Birth Control: \_\_\_\_\_

Number of Pregnancies: \_\_\_\_ Pregnancy Complications: \_\_\_\_\_

Please mark any of the following symptoms that you are currently having

Fever \_\_\_\_

Temperature intolerance \_\_\_\_

Recent weight change (without trying) \_\_\_\_

Blurred or double vision \_\_\_\_

Hoarseness \_\_\_\_

Difficulty swallowing \_\_\_\_

Palpitations \_\_\_\_

Shortness of breath \_\_\_\_

Swelling of feet or hands \_\_\_\_

Cough \_\_\_\_

Vomiting \_\_\_\_

Diarrhea \_\_\_\_

Constipation \_\_\_\_

Urination during the night \_\_\_\_ how many times \_\_\_\_

Muscle pain \_\_\_\_

Bone pain \_\_\_\_

Numbness or tingling in feet or hands \_\_\_\_

Tremor \_\_\_\_

Rash \_\_\_\_

Depression \_\_\_\_

Memory loss \_\_\_\_

Abnormal bruising \_\_\_\_

Do you smoke now \_\_\_\_ past \_\_\_\_ use smokeless tobacco \_\_\_\_

Does anyone smoke in the car or indoors around you? \_\_\_\_

Alcohol use now \_\_\_\_ (list how many drinks per week) past \_\_\_\_ never \_\_\_\_

Do you use recreational/street drugs? \_\_\_\_

Are you sticking with any diet at present? \_\_\_\_

Do you limit fried foods and sweet foods? \_\_\_\_

Do you drink sugared colas and tea, or juices? \_\_\_\_

How many times a week do you eat out? \_\_\_\_

Do you get regular physical activity/exercise? \_\_\_\_

Type of exercise: \_\_\_\_

Days per week: \_\_\_\_ How long per session: \_\_\_\_

Circle One:

Marital Status: Single Married Separated Divorced Widowed

Who do you live with? Alone, Spouse & Children, Spouse only, Child/Children

How many biological children do you have? \_\_\_\_ Year the last was born: \_\_\_\_

What is your occupation: \_\_\_\_ Your Employer: \_\_\_\_

Hobbies: \_\_\_\_

Who has/had the following diseases in your family? If none- simply mark none in the blank.

Sugar Diabetes: \_\_\_\_ Heart Attack: \_\_\_\_

High Blood Pressure: \_\_\_\_ High Cholesterol: \_\_\_\_

Thyroid Disease: \_\_\_\_ Osteoporosis: \_\_\_\_

Cancer: \_\_\_\_ Other Inheritable Diseases: \_\_\_\_