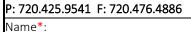
DOB*: Gender*:

P: 720.425.9541 F: 720.476.4886 Name*:

(* = REQUIRED INFORMATION)	PATIENT	Γ INFORMATION		[MEDICAL HX] [PROVIDER
	PRIMA	ARY RESIDENCE		
Address*:				
City*:			State*:	ZIP*:
Phone 1*:	Mobile 1:		Email:	<u>.</u>
Phone 2:	Mobile 2:		Fax:	
Soc. Sec.:	Status:		Spouse/Partner:	
Contact Preference(s): [Email	Home Work	Best time(s) to contact yo	u:
Where did you hear abo	out us?			
	SECONI	DARY RESIDENCE		
Address:				
City:			State:	ZIP:
Phone:	Mobile:		Email:	
		WORK		
Employer:		Occupation:		
Address:				
City:			State:	ZIP:
Phone:	Mobile:		Email:	
Complete this section onl	y if box is checked	NSURANCE		
Person responsible for b	oill:		DOB:	Gender:
Patient's relationship to	person responsible for bill: Self Self Sp	oouse 🔲 Other:		
Address:				
City:			State:	ZIP:
Phone:	Fax:		Email:	
Soc. Sec.:	Is patient covered by insu	ırance? 🗌 Yes 📗 No)	
Primary Insurance:		Secondary Insu	ırance:	
Group no.	Policy no.:		Co-payment: \$	
	EMERG	SENCY CONTACT		
Name:		Relationship:		
Address:			T	
City:			State:	ZIP:
Phone:	Mobile:	T .	Email:	
Your Primary Care Provi		Phone:		Fax:
	PATIENT CONSENT FOR MEDICA			
The Business Name listed above	ve will be referred to as the 'BUSINESS' in this docume	ent. The Provider Name liste	d above will be referred to as the '	PROVIDER' in this document.
sufficiency of which the partie	ereby enter into this agreement for provision of medic is hereby acknowledge the PATIENT and PROVIDER agr owledges and agrees that this agreement has been ent	ree as follows:		•
	owledges and agrees that this agreement has not been		•	
and its representat	owledges reading and having access to a copy of the N tives to use and share PATIENT health information as o	described in the Notices of P	, , , , , , , , , , , , , , , , , , , ,	ATIENT authorizes the BUSINESS
a. Evaluat	ided to the PATIENT may include, but not be limited to ion of patient medical history, lifestyle, laboratory and Il examination and diagnostic tests;		ended by the PROVIDER;	
c. Medica nutritio	al recommendations and management of the aging pro on, nutritional supplementation, exercise, lifestyle beha	aviors, stress management, l		
The PATIENT agree	lical history, physical examination and/or laboratory pa es to be fully responsible for all costs of the SERVICES. tainer Service Agreements between the PATIENT and I	All costs are to be paid in fu	ll by the PATIENT to the PROVIDER	in accordance with any signed
By signing this agreement, the obligations herein listed.	PATIENT acknowledges that PATIENT has read and ful	lly understands the informat	ion contained in this agreement, a	nd agrees and consents to the
Patient Signature*:			Date*	: Click date <

P: 720.425.9541	F: 72	20.476.488	36						1111			<u> </u>	,em	U
Name*:								DOB*	:		Gend	ler*:		
					MED	IC	AL HISTORY				Pσ · 1 [2]	[3] [4]	[5] [PT INE	FO] [PROVIDER] [>
INSTRUCTIONS: COM	IPLET	E EACH SECT	ION	AS COMPLETELY.			BLE. READ INSTRUCTION	ONS THO	ROUGHLY	PRIOR				
							Y ON YOUR KEYBOARD			THE TEX	CT FIELD C	R THE	NEXT SEC	CTION, OR JUST
CLICK IN A FIELD TO E	NTER	R TEXT. DO N	TO	USE THE ENTER K			AN (*) ARE REQUIRED		CABLE.					
					MY PRIMARY H	EAL	.TH CONCERNS / G	OALS						
CHECK IF NONE					CURRENT	IED	ICAL PROBLEMS							
CHECK IF NONE					CORNENT IV	IEV	ICAL PROBLEMS							
CHECK IF NONE					A	LLE	RGIES							
CHECK IF NONE					MEDICATION SEN	ISI	IVITIES / REACTION	NS	T					
CHECK IF NONE				CLIPPENT	MEDICATIONS - DR	ESC	RIPTION & NON-PE	PESCRIE	TION (na	ma/da	so/roason	for tal	king)	(21) (21) (3)
CHECK IF NONE				CORRENT IV	ILDICATIONS - FIX		MIF HON & NON-FI	ALSCAIR	HON (na	me/uo:	se/reason	ior tai	King)	[[] [[] [>]
CHECK IF NONE					CURRENT	SUI	PPLEMENTS (name/o	dose/reas	on for taki	ng)				[☑] [>]
CHECK IE MONE					INANAL	INTE	ZATIONS							(50.4.)
CHECK IF NONE	lman	munization				וואול	ZATIONS	l no no un i	zation				l Va	[☑] [>]
TETANUS/TD	11111	munization			Year of Last	DNI	EUMONIA	Immuni	Zation				YE	ear of Last
INFLUENZA (FLU)						+	PATITIS							
OTHER:							RICELLA							
CHECK IF NONE					SCREE	ENII	NG TESTS							[☑] [>]
Screen		Date		R	Results?		Screen	[Date			Re	esults?	
CHOLESTEROL/LIPIDS						DEI	NTAL EXAM							
BLOOD SUGAR							EXAM							
PAP SMEAR				 			N EXAM							
MAMMOGRAM BONE DENSITY				+		_	LONOSCOPY (PROSTATE TEST)							
VASCULAR ULTRASOL	JND			+		_	OSTATE EXAM							
77.5552 III 52111 ISS	,,,,						5017112 270 1111							
CHECK IF NONE					HOSPITAL ADI	VIS	SIONS / SURGERIES	(Not inc	luding pre	gnancie	es)			
Year				Illness/Operation			Year	•	<u> </u>		ess/Opera	tion		
	TOTA	AL HYSTEREC	TON	√IY (removal of ute	erus + both ovaries)									
	BILA	TERAL OOPH	ORE	ECTOMY (removal o	of both ovaries)									
					=		VILICTORY							
			_				Y HISTORY							
	ск вс	XES IF A BLO	_	_	UFFERED ANY OF THE		LOWING -INDICATE W	HICH RE	LATIVE(S),					
1. ANEMIA 5. ASTHMA			_	BLEEDS EASILY		_	ALZHEIMER'S CANCER (TYPE)				ARTHRI DIABET			
9. EPILEPSY			_	GLAUCOMA		_	HAY FEVER				HEART		SF	
13. HEPATITIS			_	HYPERTENSION			LIPID DISORDER				MENTA			
17. OSTEOPOROSIS	ŝ			STROKE		_	THYROID DX			20.		1 1		
HAS YOUR MOTHER H					YES NO		<u> </u>				_			
) BR	IEF EXPLANATION IF N	EEDED):						
										1				





Pi	ERSONAL MEDICAL HISTORY Pg.: [1] 2 [3
FRUCTIONS: FOR CURRENT/ONGOING PROBLEMS, ENTER: $\frac{1}{2}$ = MILD; $\frac{2}{3}$	= MODERATE; 3 = SEVERE; P = PAST PROBLEMS NOT CURRENTLY AFFECTING YOU.
DECREASED HEARING	AIDS / HIV
RINGING IN EAR	THYROID DISEASE
EAR INFECTIONS – FREQUENT	ABDOMINAL PAIN - CHRONIC
DIZZY SPELLS	GALL BLADDER TROUBLE
FAINTING SPELLS	JAUNDICE / HEPATITIS
FAILING VISION	HAVE BOWEL MOVEMENTS EVERY DAY
EYE PAIN	FREQUENT: CONSTIPATION DIARRHEA
DOUBLE OR BLURRED VISION	DIVERTICULOSIS
NOSE BLEEDS – RECURRENT	CROHN'S / COLITIS
SINUS TROUBLE	BLOODY OR TARRY STOOLS
SORE THROATS – FREQUENT	HEMORRHOIDS
HOARSENESS – PROLONGED	HERNIA; TYPE-
DENTAL PROBLEMS:	URINATION – OVERACTIVE BLADDER/ URGENCY TO URINATE
FLOSS TEETH TIMES PER WEEK	DECREASE IN URINARY FORCE/FLOW
HAY FEVER / ALLERGIES	PAINFUL URINATION
PNEUMONIA / PLEURISY	URINE LEAKAGE WITH: EXERCISE/STRAINING/COUGH
BRONCHITIS / CHRONIC COUGH	BLOOD IN URINE
SHORTNESS OF BREATH: EXERTIONAL LYING FLAT	KIDNEY STONES
ASTHMA / WHEEZING	URINE INFECTIONS – FREQUENT
CHEST PAIN	SEXUALLY TRANSMITTED DISEASES:
HIGH BLOOD PRESSURE	RECENT WEIGHT- GAIN LOSS: LBS.
HEART MURMUR	DESIRED WEIGHT: LBS.
RAPID HEART BEAT	ANEMIA
SWOLLEN ANKLES	BRUISE EASILY
IRREGULAR PULSE	BLOOD TRANSFUSIONS
PALPITATIONS	CANCER; TYPE(S)
LEG PAIN – WHEN WALKING	CHRONIC FATIGUE
VARICOSE VEINS / PHLEBITIS	DIABETES
COLD NUMB FEET	SEIZURES
LOSS OF APPETITE – RECENT	STROKE
DIFFICULTY SWALLOWING	TREMOR / HANDS SHAKING
HEARTBURN	NUMBNESS / TINGLING SENSATIONS
PEPTIC ULCER	HEADACHES – FREQUENT
PERSISTENT NAUSEA / VOMITING	ARTHRITIS; TYPE/LOCATION:
BONE FRACTURE / JOINT INJURY	BACK PAIN – RECURRENT
FRACTURES AFTER AGE 50? TYES NO	CUPS/DAY: COFFEE- TEA-
FOOT PAIN	ALCOHOL: NEVER RARELY WEEKLY DAILY;# DRINKS: PER
	BEER WINE LIQUOR
OSTEOPOROSIS	
GOUT	GOTTEN DRUNK IN THE PAST MONTH? YES NO
RASHES	FELT THE NEED TO STOP DRINKING? YES NO
HIVES	SMOKING:# CIGARS/CIGARETTES PER X YRS.
PSORIASIS	YEAR QUIT SMOKING:
ECZEMA	RECREATIONAL DRUGS:
SLEEPING DIFFICULTY	ACUPUNCTURE; TATTOOS
CONCENTRATION DIFFICULTY	ABUSE: PHYSICAL SEXUAL OTHER
DEPRESSION	HAIR LOSS: PROGRESSIVE RECENT
NERVOUSNESS	DO YOU HAVE A LACK OF ENERGY?
AGITATION	DO YOU HAVE LESS STRENGTH/ENDURANCE?
MEMORY LOSS	HAVE YOU LOST HEIGHT? INCHES
MOODINESS	DECREASED "ENJOYMENT OF LIFE?"
SUICIDAL THOUGHTS	ARE YOU SAD AND/OR GRUMPY?
PHOBIAS	RECENT DETERIORATION IN ABILITY TO PLAY SPORTS?
	ARE YOU FALLING ASLEEP AFTER DINNER?
MENTAL ILLNESS	
FEELINGS OF WORTHLESSNESS	RECENT DETERIORATION IN WORK PERFORMANCE?
RHEUMATIC FEVER	DO YOU HAVE A DECREASE IN LIBIDO?
SCARLET FEVER	SATISFIED WITH ORGASM FREQUENCY? YES NO
CHICKEN POX	ARE YOU SEXUALLY ACTIVE? PAST CURRENT
POLIO	OPPOSITE SEX
MUMPS	SAME SEX
GERMAN MEASLES	SINGLE PARTNER
TUBERCULOSIS	MULTIPLE PARTNERS
HERDES	# OF SEX PARTNERS IN PAST YEAR

P: 720.425.9541 F: 720.476.4886



FEMALES (complete this section) IT HAS BEEN AT LEAST 12 MONTHS SINCE MY LAST PERIOD I AM PREGNANT	
<u> </u>	Pg.: [1] [2] 3 [4] [5
DATE OF THE 1 ST DAY OF YOUR LAST PERIODS START EVERY DAYS; # DAYS OF FLOW: DATE OF THE 1 ST DAY OF YOUR LAST	DERIOD:
AGE WHEN YOU STARTED PERIODS: PAIN / BLEEDING DURING OR AFTER SEX: YES NO AGE WHEN YOU STARTED PERIODS:	FLINIOD.
	TIMEDV.
	ELIVERY:
HOW DO/DID YOU FEEL DURING DIFFERENT DAYS OF THE MONTH OF YOUR CYCLE?	
HOW DO/DID YOU FEEL A FEW DAYS BEFORE AND DURING THE PERIOD?	
HOW DO/DID YOU FEEL FROM THE DAY OF OVULATION TO THE ONSET OF HEAVY FLOW?	
DID YOU DEVELOP SIGNS OF DEFICIENCY AFTER STARTING BIRTH CONTROL PILLS? DID YOU FEEL BETTER AFTER STARTING BIRTH CONTROL PILLS?	LLS?
DID YOU FEEL MISERABLE, GAIN WEIGHT OR DID BREAST SIZE INCREASE AFTER STARTING BIRTH CONTROL PILLS?	
MALES (complete this section)	
ENTER A SEVERITY SCORE (0-4) FOR SYMPTOMS YOU CURRENTLY EXPERIENCE: ENTER A FREQUENCY SCORE (1-5) FOR SYMPTOMS YOU'VE HAD IN	N THE DAST MONTH:
BLANK = NONE, 1 = MILD, 2 = MODERATE, 3 = SEVERE, 4 = EXTREME BLANK = NOT AT ALL; 1 = LESS THAN 1 TIME 5; 2 = LESS THAN 2 TIME 5; 2 = LESS THAN 2 TIME 5; 2 = LESS THAN 3 TIME 5; 3 = LESS THAN 3 TIME 5; 4 = LESS THAN 3 TIM	
DECLINE IN YOUR FEELING OF GENERAL WELL-BEING 3 = HALF THE TIME; 4 = MORE THAN HALF THE TIME; 5 = ALM	
JOINT PAIN AND MUSCULAR ACHE HAD SENSATION OF NOT EMPTYING BLADDER COMPLETELY AFTER	
EXCESSIVE SWEATING HAD TO URINATE AGAIN LESS THAN 2 HOURS AFTER URINATING?	OMINATING:
SLEEP PROBLEMS STOPPED AND STARTED URINATING SEVERAL TIMES?	
INCREASED NEED FOR SLEEP, OFTEN FEELING TIRED FOUND IT DIFFICULT TO POSTPONE URINATION?	
IRRITABILITY HAD A WEAK URINARY STREAM?	
NERVOUSNESS HAD TO PUSH OR STRAIN TO BEGIN URINATING?	
ANXIETY TYPICALLY UP TO URINATE FROM BEDTIME TO GETTING UP?	_
PHYSICAL EXHAUSTION / LACK VITALITY HAD SENSATION OF NOT EMPTYING BLADDER COMPLETELY AFTER	URINATING?
DECREASE IN MUSCULAR STRENGTH	
DEPRESSIVE MOOD	
FEELING THAT YOU HAVE PASSED YOUR PEAK	
FEELING BURNT OUT, HAVING HIT ROCK BOTTOM	
DECREASE IN BEARD GROWTH	
DECREASE IN ABILITY / FREQUENCY TO PERFORM SEXUALLY	
DECREASE IN ABILITY / FREQUENCY TO PERFORM SEXUALLY DECREASE IN THE NUMBER OF MORNING ERECTIONS	
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU	
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY I HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY I HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY I HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY I HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE DRIVEN MYSELF TO EXHAUSTION	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE DRIVEN MYSELF TO EXHAUSTION I OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE DRIVEN MYSELF TO EXHAUSTION I OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE DRIVEN MYSELF TO EXHAUSTION I OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STEROID THERAPY (CORTICOSTEROIDS)	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE DRIVEN MYSELF TO EXHAUSTION I OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STEROID THERAPY (CORTICOSTEROIDS) I TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE)	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE DRIVEN MYSELF TO EXHAUSTION I OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STEROID THERAPY (CORTICOSTEROIDS) I TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE) I HAVE A HISTORY OF ALCOHOLISM AND/OR DRUG ABUSE	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE DRIVEN MYSELF TO EXHAUSTION I OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STEROID THERAPY (CORTICOSTEROIDS) I TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE) I HAVE A HISTORY OF ALCOHOLISM AND/OR DRUG ABUSE I HAVE ENVIRONMENTAL SENSITIVITIES	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE DRIVEN MYSELF TO EXHAUSTION I OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STEROID THERAPY (CORTICOSTEROIDS) I TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE) I HAVE A HISTORY OF ALCOHOLISM AND/OR DRUG ABUSE I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE DIABETES (TYPE II, ADULT ONSET, NIDDM)	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE DRIVEN MYSELF TO EXHAUSTION I OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STEROID THERAPY (CORTICOSTEROIDS) I TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE) I HAVE A HISTORY OF ALCOHOLISM AND/OR DRUG ABUSE I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE DIABETES (TYPE II, ADULT ONSET, NIDDM) I SUFFER FROM POST-TRAUMATIC DISTRESS SYNDROME I SUFFER FROM ANOREXIA	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUEING I HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE DRIVEN MYSELF TO EXHAUSTION I OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STEROID THERAPY (CORTICOSTEROIDS) I TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE) I HAVE A HISTORY OF ALCOHOLISM AND/OR DRUG ABUSE I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE DIABETES (TYPE II, ADULT ONSET, NIDDM) I SUFFER FROM POST-TRAUMATIC DISTRESS SYNDROME I SUFFER FROM ANOREXIA I HAVE ONE OR MORE OTHER CHRONIC ILLNESSES OR DISEASES	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SUIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY I HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE DRIVEN MYSELF TO EXHAUSTION I OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STEROID THERAPY (CORTICOSTEROIDS) I TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE) I HAVE A HISTORY OF ALCOHOLISM AND/OR DRUG ABUSE I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE DIABETES (TYPE II, ADULT ONSET, NIDDM) I SUFFER FROM POST-TRAUMATIC DISTRESS SYNDROME I SUFFER FROM POST-TRAUMATIC DISTRESS SYNDROME I SUFFER FROM ANOREXIA I HAVE ONE OR MORE OTHER CHRONIC ILLNESSES OR DISEASES MY ABILITY TO HANDLE STRESS AND PRESSURE HAS DECREASED	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 + AVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE DRIVEN MYSELF TO EXHAUSTION I OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STEROID THERAPY (CORTICOSTEROIDS) I TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE) I HAVE A HISTORY OF ALCOHOLISM AND/OR DRUG ABUSE I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE DIABETES (TYPE II, ADULT ONSET, NIDDM) I SUFFER FROM POST-TRAUMATIC DISTRESS SYNDROME I SUFFER FROM POST-TRAUMATIC DISTRESS SYNDROME I SUFFER FROM ANOREXIA I HAVE ONE OR MORE OTHER CHRONIC ILLNESSES OR DISEASES MY ABILITY TO HANDLE STRESS AND PRESSURE HAS DECREASED	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIEST TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING HAVE DRIVEN MYSELF TO EXHAUSTION OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS HAVE TAKEN LONG TERM OR INTENSE STEROID THERAPY (CORTICOSTEROIDS) TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE) HAVE A HISTORY OF A LCOHOLISM AND/OR DRUG ABUSE HAVE ENVIRONMENTAL SENSITIVITIES HAVE DIABETES (TYPE II, ADULT ONSET, NIDDM) SUFFER FROM POST-TRAUMATIC DISTRESS SYNDROME SUFFER FROM ANOREXIA HAVE ON OR MORE OTHER CHRONIC ILLNESSES OR DISEASES MY ABILITY TO HANDLE STRESS AND PRESSURE HAS DECREASED AM LESS PRODUCTIVE AT WORK SEEM TO HAVE DECREASED IN COGNITIVE ABILITY. I DO NOT THINK AS CLEARLY AS I USED TO	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY I HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STEROID THERAPY (CORTICOSTEROIDS) I TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE) I HAVE A HISTORY OF ALCOHOLISM AND/OR DRUG ABUSE I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE DIABETES (TYPE II, ADULT ONSET, NIDDM) I SUFFER FROM POST-TRAUMATIC DISTRESS SYNDROME I SUFFER FROM ANOREXIA I HAVE ONE OR MORE OTHER CHRONIC ILLNESSES OR DISEASES MY ABILITY TO HANDLE STRESS AND PRESSURE HAS DECREASED I AM LESS PRODUCTIVE AT WORK I SEEM TO HAVE DECREASED IN COGNITIVE ABILITY. I DO NOT THINK AS CLEARLY AS I USED TO MY THINKING IS CONFUSED WHEN HURRIED OR UNDER PRESSURE	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 + AVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STEROID THERAPY (CORTICOSTEROIDS) I TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE) I HAVE A HISTORY OF ALCOHOLISM AND/OR DRUG ABUSE I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE DIABETES (TYPE II, ADULT ONSET, NIDDM) I SUFFER FROM POST-TRAUMATIC DISTRESS SYNDROME I SUFFER FROM POST-TRAUMATIC DISTRESSES OR DISEASES MY ABILITY TO HANDLE STRESS AND PRESSURE HAS DECREASED I AM LESS PRODUCTIVE AT WORK I SEEM TO HAVE DECREASED IN COGNITIVE ABILITY. I DO NOT THINK AS CLEARLY AS I USED TO MY THINKING IS CONFUSED WHEN HURRIED OR UNDER PRESSURE I TEND TO AVOID EMOTIONAL SITUATIONS	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY I HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE DRIVEN MYSELF TO EXHAUSTION I OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STEROID THERAPY (CORTICOSTEROIDS) I TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE) I HAVE A HISTORY OF ALCOHOLISM AND/OR DRUG ABUSE I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE DIABETES (TYPE II, ADULT ONSET, NIDDM) I SUFFER FROM POST-TRAUMATIC DISTRESS SYNDROME I SUFFER FROM POST-TRAUMATIC DISTRESS SYNDROME I SUFFER FROM ANOREXIA I HAVE ONE OR MORE OTHER CHRONIC ILLNESSES OR DISEASES MY ABILITY TO HANDLE STRESS AND PRESSURE HAS DECREASED I AM LESS PRODUCTIVE AT WORK I SEEM TO HAVE DECREASED IN COGNITIVE ABILITY. I DO NOT THINK AS CLEARLY AS I USED TO MY THINKING IS CONFUSED WHEN HURRIED OR UNDER PRESSURE I TEND TO AVOID EMOTIONAL SITUATIONS I TEND TO SHAKE OR AM NERVOUS WHEN UNDER PRESSURE	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY: 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY I HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ENIVEN MYSELF TO EXHAUSTION I OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STEROID THERAPY (CORTICOSTEROIDS) I TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE) I HAVE A HISTORY OF ALCOHOLISM AND/OR DRUG ABUSE I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE ONE OR MORE OTHER CHRONIC ILLNESSES OR DISEASES MY ABILITY TO HANDLE STRESS AND PRESSURE HAS DECREASED I AM LESS PRODUCTIVE AT WORK I SEEM TO HAVE DECREASED IN COGNITIVE ABILITY. I DO NOT THINK AS CLEARLY AS I USED TO MY THINKING IS CONFUSED WHEN HURRIED OR UNDER PRESSURE I TEND TO SHAKE OR AM NERVOUS WHEN UNDER PRESSURE I SUFFER FROM NERVOUS STOMACH INDIGESTION WHEN TENSE	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUEI I HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE DRIVEN MYSELF TO EXHAUSTION I OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STREGIOD THERAPY (CORTICOSTEROIDS) I TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE) I HAVE A HISTORY OF ALCOHOLISM AND/OR DRUG ABUSE I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE DIABETES (TYPE II, ADULT ONSET, NIDDM) I SUFFER FROM POST-TRAUMATIC DISTRESS SYNDROME I SUFFER FROM ANOREXIA I HAVE ONE OR MORE OTHER CHRONIC ILLNESSES OR DISEASES MY ABILITY TO HANDLE STRESS AND PRESSURE HAS DECREASED I AM LESS PRODUCTIVE AT WORK I SEEM TO HAVE DECREASED IN COGNITIVE ABILITY. I DO NOT THINK AS CLEARLY AS I USED TO MY THINKING IS CONFUSED WHEN HURRIED OR UNDER PRESSURE I TEND TO AVOID EMOTIONAL SITUATIONS I TEND TO SHAKE OR AM NERVOUS WHEN UNDER PRESSURE I SUFFER FROM NERVOUS STOMACH INDIGESTION WHEN TENSE I HAVE MANY UNEXPLAINED FEARS/ANXIETIES	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY I HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ENIVEN MYSELF TO EXHAUSTION I OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STEROID THERAPY (CORTICOSTEROIDS) I TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE) I HAVE A HISTORY OF ALCOHOLISM AND/OR DRUG ABUSE I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE ONE OR MORE OTHER CHRONIC ILLNESSES OR DISEASES MY ABILITY TO HANDLE STRESS AND PRESSURE HAS DECREASED I AM LESS PRODUCTIVE AT WORK I SEEM TO HAVE DECREASED IN COGNITIVE ABILITY. I DO NOT THINK AS CLEARLY AS I USED TO MY THINKING IS CONFUSED WHEN HURRIED OR UNDER PRESSURE I TEND TO SHAKE OR AM NERVOUS WHEN UNDER PRESSURE I SUFFER FROM NERVOUS STOMACH INDIGESTION WHEN TENSE	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUEI I HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE DRIVEN MYSELF TO EXHAUSTION I OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STREGIOT THERAPY (CORTICOSTEROIDS) I TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE) I HAVE A HISTORY OF ALCOHOLISM AND/OR DRUG ABUSE I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE DIABETES (TYPE II, ADULT ONSET, NIDDM) I SUFFER FROM POST-TRAUMATIC DISTRESS SYNDROME I SUFFER FROM POST-TRAUMATIC DISTRESS SYNDROME I SUFFER FROM POST-TRAUMATIC DISTRESS OR DISEASES MY ABILITY TO HANDLE STRESS AND PRESSURE HAS DECREASED I AM LESS PRODUCTIVE AT WORK I SEEM TO HAVE DECREASED IN COGNITIVE ABILITY. I DO NOT THINK AS CLEARLY AS I USED TO MY THINKING IS CONFUSED WHEN HURRIED OR UNDER PRESSURE I TEND TO AVOID EMOTIONAL SITUATIONS I TEND TO AVOID EMOTIONAL SITUATIONS I TEND TO AVOID EMOTIONAL SITUATIONS I HAVE MANY UNEXPLAINED FEARS/ANXIETIES	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SUGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 = NOTE OF THE NEW YOR YOR YOR YOR OF THE NEW YOR	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR OR INTENSE OR OR INTENSE OR OR MORE OR MORE OR MORE OR MORE OR HEAD OR OR SEVERE OR OR SEVERE OR OR MORE OR MORE OR MORE OR HEAD OR OR SEVERE OR	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 = INTENSE/SEVERE OR FREQUENCY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 = INTENSE/SEVERE OR FREQUENCY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 = INTENSE/SEVERE OR FREQUENCY; 2 = INTENSE/SEVERE OR FREQUENCY; 3 =	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLAMK = NEVER/RARELY; 1 = OCCASIONALLY/SUGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY IN HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESSFUL EVENTS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD DESTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STEROID THERAPY (CORTICOSTEROIDS) I TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE) I HAVE A HISTORY OF ALCOHOLISM AND/OR DRUG ABUSE I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE DIABETES (TYPE II, ADULT ONSET, NIDDM) I SUFFER FROM POST-TRAUMATIC DISTRESS SYNDROME I SUFFER FROM MOREXIA I HAVE ONE OR MORE OTHER CHRONIC ILLNESSES OR DISEASES MY ABILITY TO HANDLE STRESS AND PRESSURE HAS DECREASED I AM LESS PRODUCTIVE AT WORK I SEEM TO HAVE DECREASED IN COGNITIVE ABILITY. I DO NOT THINK AS CLEARLY AS I USED TO MY THINKING IS CONFUSED WHEN HURRIED OR UNDER PRESSURE I TEND TO AVOID EMOTIONAL SITUATIONS I TEND TO SHAKE OR AM NERVOUS WHEN UNDER PRESSURE I SUFFER FROM NERVOUS SYDMACH INDIGESTION WHEN TENSE I HAVE MANY UNEXPLAINED FEARS/ANXIETIES MY SEX DRIVE IS NOTICEABLY LESS THAN IT USED TO BE I GET LIGHTHEADED OR DIZZY WHEN RISING RAPIDLY FROM A SITTING OR LYING POSITION I HEEL LIGHTHEADED OR DIZZY WHEN RISING RAPIDLY FROM A SITTING OR LYING POSITION I HEEL DRIVE FELLINGS OF GRAVING OUT OR BLACKING OUT I FEEL UNWELL MUCH OF THE TIME	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0.3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY I HAVE EXPERIENCED LONG PERIODS OF STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE HAD ONE OR MORE SEVERELY STRESS THAT HAVE AFFECTED MY WELL-BEING I HAVE DRIVEN MYSELF TO EXHAUSTION I OVERWORK WITH LITTLE PLAY OR RELAXATION FOR EXTENDED PERIODS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE HAD EXTENDED, SEVERE OR RECURRING RESPIRATORY INFECTIONS I HAVE TAKEN LONG TERM OR INTENSE STEROID THERAPY (CORTICOSTEROIDS) I TEND TO GAIN WEIGHT, ESPECIALLY AROUND THE MIDDLE (SPARE TIRE) I HAVE A HISTORY OF ALCOHOLISM AND/OR DRUG ABUSE I HAVE AN HISTORY OF ALCOHOLISM AND/OR DRUG ABUSE I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE ENVIRONMENTAL SENSITIVITIES I HAVE DIABETES (TYPE II, ADULT ONSET, NIDDM) I SUFFER FROM POST-TRAUMATIC DISTRESS SYNDROME I SUFFER FROM PORCEASED IN COGNITIVE ABILITY, I DO NOT THINK AS CLEARLY AS I USED TO MY THINKING IS CONFUSED WHEN HURRIED OR UNDER PRESSURE I TEND TO AVOID EMOTIONAL SITUATIONS I TEND TO AVOID EMOTIONAL SITUATIONS I TEND TO SHAKE OR AM NERVOUS STOMACH INDIGESTION WHEN TENSE I HAVE MANY UNEXPLAINED FEARS/ANXIETIES MY SEX DRIVE IS NOTICEABLY LESS THAN IT USED TO BE I GET LIGHTHEADED OR DIZZY WHEN RISING RAPIDLY FROM A SITTING OR LYING POSITION I HAVE ERELINGS OF GRAYING OUT OR BLACKING OUT I FEEL LUMBELL MULC OF THE TIME I NOTICE THAT MY ANKLES ARE SOMETIMES SWOLLEN — AND IS WORSE IN THE EVENING	NT
DECREASE IN THE NUMBER OF MORNING ERECTIONS DECREASE IN SEXUAL DESIRE / LIBIDO ADRENAL INSTRUCTIONS: ENTER A RATING (0-3) FOR EACH STATEMENT BELOW THAT APPLIES TO YOU BLANK = NEVER/RARELY; 1 = OCCASIONALLY/SLIGHTLY; 2 = MODERATE INTENSITY OR FREQUENCY; 3 = INTENSE/SEVERE OR FREQUENCY; 1 = INTENSE/SEVERE OR FREQUENCY; 3 = INTENSE/SEVERE/STRESS INTENSE/SEVERE OR FREQUENCY; 3 = INTENSE/SEVERE/STRESS INTENSE/SEVERE OR FREQUENCY; 3 = INTENSE/SEVERE/STRESS	NT

Denver Health

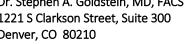
P: 720.425.9541 F: 720.476.4886

Name*:	DOB*:	Gender*:	
SMALL IRREGULAR DARK BROWN SPOTS HAVE APPEARED ON MY FOREHEAD, FACE		Gender .	PG.: [1] [2] [3] <mark>4</mark> [5]
WHEN I SCRATCH MY SKIN, A WHITE LINE REMAINS FOR A MINUTE OR MORE	, NECK AND SHOULDENS		rd [1] [2] [3] 🖣 [3]
I HAVE UNEXPLAINED AND FREQUENT HEADACHES			
I AM FREQUENTLY COLD			
I OFTEN BECOME HUNGRY, CONFUSED, SHAKY OR SOMEWHAT PARALYZED UNDER	STRESS		
I HAVE LOST WEIGHT WITHOUT REASON WHILE FEELING VERY TIRED AND LISTLESS			
I HAVE FEELINGS OF HOPELESSNESS OR DESPAIR			
I HAVE DECREASED TOLERANCE. PEOPLE IRRITATE ME MORE			
THE LYMPH NODES (GLANDS) IN MY NECK ARE FREQUENTLY SWOLLEN			
I OFTEN HAVE TO FORCE MYSELF IN ORDER TO KEEP GOING. EVERYTHING SEEMS	IKE A CHORE		
I AM EASILY FATIGUED			
I HAVE DIFFICULTY GETTING UP IN THE MORNING (DON'T REALLY WAKE UP UNTIL	ABOUT 10 AM)		
I SUDDENLY RUN OUT OF ENERGY	,		
I USUALLY FEEL MUCH BETTER AND FULLY AWAKE AFTER THE NOON MEAL			
I OFTEN HAVE AN AFTERNOON LOW BETWEEN 3 – 5 PM			
I GET LOW ENERGY, MOODY OR FOGGY IF I DO NOT EAT REGULARLY			
I USUALLY FEEL MY BEST AFTER 6 PM			
I AM OFTEN TIRED AT 9-10 PM, BUT RESIST GOING TO BED			
I LIKE TO SLEEP LATE IN THE MORNING			
MY BEST, MOST REFRESHING SLEEP OFTEN COMES BETWEEN 7-9 AM			
I OFTEN DO MY BEST WORK LATE AT NIGHT (EARLY IN THE MORNING)			
IF I DON'T GO TO BED BY 11 PM, I GET A SECOND BURST OF ENERGY AROUND 11 P	M, OFTEN LASTING UNTIL 1-2 AM		
I GET COUGHS/COLDS THAT STAY AROUND FOR SEVERAL WEEKS			
I HAVE FREQUENT OR RECURRING BRONCHITIS, PNEUMONIA OR OTHER RESPIRATOR			
I GET ASTHMA, COLDS AND OTHER RESPIRATORY INVOLVEMENT TWO OR MORE TI	MES PER YEAR		
I FREQUENTLY GET RASHES, DERMATITIS, OR OTHER SKIN CONDITIONS			
I HAVE RHEUMATOID ARTHRITIS			
I HAVE ALLERGIES TO SEVERAL THINGS IN THE ENVIRONMENT			
I HAVE MULTIPLE CHEMICAL SENSITIVITIES			
I HAVE CHRONIC FATIGUE SYNDROME			
I GET PAIN IN THE MUSCLES OF MY UPPER BACK AND LOWER NECK FOR NO APPAR	ENT REASON		
I GET PAIN IN THE MUSCLES ON THE SIDES OF MY NECK			
I HAVE INSOMNIA OR DIFFICULTY SLEEPING			
I HAVE FIBROMYALGIA			
I SUFFER FROM ASTHMA			
I SUFFER FROM HAY FEVER			
I SUFFER FROM NERVOUS BREAKDOWNS			
MY ALLERGIES ARE BECOMING WORSE (MORE SEVERE, FREQUENT OR DIVERSE)			
THE FAT PADS ON PALMS OF MY HANDS AND/OR TIPS OF MY FINGERS ARE OFTEN			
I HAVE A TENDERNESS IN MY BACK NEAR MY SPINE AT THE BOTTOM OF MY RIB CA	GE WHEN PRESSED		
I BRUISE MORE EASILY THAN I USED TO			
I NEED COFFEE OR SOME OTHER STIMULANT TO GET GOING IN THE MORNING			
I HAVE SWELLING UNDER MY EYES UPON RISING THAT GOES AWAY AFTER I HAVE E	BEEN UP FOR A COUPLE OF HOURS		
OFTEN CRAVE FOOD HIGH IN FAT AND FEEL BETTER WITH HIGH FAT FOODS			
USE HIGH FAT FOODS TO DRIVE MYSELF	C CHOCOLATE) TO DRIVE A AVCELE		
I OFTEN USE HIGH FAT FOODS AND CAFFEINE CONTAINING DRINKS (COFFEE, COLA	S, CHOCOLATE) TO DRIVE MYSELF		
I OFTEN CRAVE SALT AND/OR FOODS HIGH IN SALT. I LIKE SALTY FOODS	AFC) FCD IF FATEN IN THE MACRAUMC		
I FEEL WORSE AFTER HIGH POTASSIUM FOODS (E.G. BANANAS, FIGS, RAW POTATO	(ES), ESP. IF EATEN IN THE MUKNING		
I CRAVE HIGH PROTEIN FOODS (MEATS, CHEESES) I CRAVE SWEET FOODS (PIES, CAKES, PASTRIES, DOUGHNUTS, DRIED FRUITS, CAND	JES OR DESSERTS)		
I FEEL WORSE IF I MISS OR SKIP A MEAL	IES ON DESSENTS)		
I HAVE CONSTANT STRESS IN MY LIFE OR WORK			
MY DIETARY HABITS TEND TO BE SPORADIC AND UNPLANNED			
MY RELATIONSHIPS AT WORK AND/OR HOME ARE UNHAPPY			
I DO NOT EXERCISE REGULARLY			
I EAT LOTS OF FRUIT			
MY LIFE CONTAINS INSUFFICIENT ENJOYABLE ACTIVITIES			
I HAVE LITTLE CONTROL OVER HOW I SPEND MY TIME			
I RESTRICT MY SALT INTAKE			
I HAVE GUM AND/OR TOOTH INFECTIONS OR ABSCESSES			
I HAVE MEALS AT IRREGULAR TIMES			
I FEEL BETTER ALMOST RIGHT AWAY ONCE A STRESSFUL SITUATION IS RESOLVED			
REGULAR MEALS DECREASE THE SEVERITY OF MY SYMPTOMS			
I OFTEN FEEL BETTER AFTER SPENDING A NIGHT OUT WITH FRIENDS			
I OFTEN FEEL BETTER IF I LIE DOWN			
G0007, Gregory W. Petersburg, D.O., All rights reserved			

Denver Health

P: 720.425.9541 F: 720.476.4886

HEAT INTOLERANCE SENSITIVE TO TEMP. SWINGS ENDOMETRIOSIS, FIBRO TEMPERATURE SWINGS HEAVY/IRREGULAR PER TEMPERATURE LOW BREASTS - FIBROCYSTIC DIZZINESS BREASTS - SAGGING/LE FOOD CRAVINGS BREASTS - TENDERNESS DIARRHEA BREASTS - SIZE INCREAS BLADDER SYMPTOMS HOT FLASHES ACNE HAIR - DRY NIPPLE TENDERNESS HAIR - FACIAL PMS (PREMENSTRUAL SEPTION PROBLEMS HAIR - LOSS: PUBIC, ARMPIT & BODY WATER RETENTION/BLE ERECTION PROBLEMS NUTRITION NSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S)	DOB*:		
I HAVE DECREASED TOLERANCE FOR COLD I HAVE ITIMES OF NAUSEA AND YOMITING FOR NO APPARENT REASON II HAVE LOW BLOOD PRESSURE FEMALE: SYMPTOMS OF PREMENSTRUAL SYNDROME (PMS): CRAMPS, BLOATING, MODDINESS, IRRIT FEMALE: MY PERIODS ARE HEAVY BUT OFTEN (ALMOST) STOP ON THE 4 TH DAY, & START UP PROFUSE FEMALE: MY PERIODS ARE HEAVY BUT OFTEN (ALMOST) STOP ON THE 4 TH DAY, & START UP PROFUSE FEMALE: MY PERIODS ARE HEAVY BUT OFTEN (ALMOST) STOP ON THE 4 TH DAY, & START UP PROFUSE FEMALE: MY PERIODS ARE HEAVY BUT OFTEN (ALMOST) STOP ON THE 4 TH DAY, & START UP PROFUSE FEMALE: MY PERIODS ARE HEAVY BUT OFTEN (ALMOST) STOP ON THE 4 TH DAY, & START UP PROFUSE FEMALE: MY PERIODS ARE HEAVY BUT OFTEN (ALMOST) STOP ON THE 4 TH DAY, & START UP PROFUSE FEMALE: MY AREAS THAT HAVE BECOME BLUISH-BLOCK COLOR? FEMALE: MY AREAS THAT HAVE BECOME BLUISH-BLOCK COLOR? FAINTING SERIES LICHT COLORED PATCHES ON SKIN WHERE IT HAS LOST ITS USUAL COLOR? FAINTING SECLES. FREQUENT UNEXPLAINED DIARRHEA? HORMONE SIGNS & SYMPTON STRUCTIONS: ENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK = NO SKIN - DAY SKIN - OILY STEOPOROSIS SKIN - WRINKLES DIARRHETISTS SKIN - WRINKLES SKIN - OILY SKIN - OILY SKIN - OILY SKIN - WRINKLES BREATS - SAGEN SWEATING WEIGHT - LOSS EXCESSIVE SWEATING WEIGHT - LOSS BERESSINS - LOW MOOD SWINGS BLOOD PRESSURE - LOW MOOD SWINGS BLOOD PRESSURE - LOW MOOD SWINGS BLOOD PRESSURE - LOW MOOD SWINGS DECREASED SENSE OF SWEATING FEMALE: MY BREATTH OF DEACH CHILD AMENORRHEA (NO PER BREATTH PALPITATION DECREASED SENSE OF SWEATING FEMALE: MY BREATTH ORDER HEAVY IN PER BREATTH FOR PER ALL HIGH BREATTH FOR PER BREAT HEAVY IN PER BREATTH FOR PER BREATH FOR PER BR		PG.: I	[1] [2] [3] [4] !
I SOMETIMES FEEL WEAK ALL OVER I HAVE DECREASED TOLERANCE FOR COLD I HAVE IMMES OF NAUSEA AND YOMITING FOR NO APPARENT REASON I HAVE LOW BLOOD PRESSURE FEMALE: SYMPTOMS OF PREMENSTRUAL SYNDROME (PMS): CRAMPS, BLOATING, MODDINESS, IRRIT FEMALE: MY PERIODS ARE HEAVY BUT OFTEN (ALMOST) STOP ON THE 4 TH DAY, & START UP PROFUSE FEMALE: MY PERIODS ARE HEAVY BUT OFTEN (ALMOST) STOP ON THE 4 TH DAY, & START UP PROFUSE FEMALE: MY PERIODS ARE HEAVY BUT OFTEN (ALMOST) STOP ON THE 4 TH DAY, & START UP PROFUSE FEMALE: MY PERIODS ARE HEAVY BUT OFTEN (ALMOST) STOP ON THE 4 TH DAY, & START UP PROFUSE FEMALE: MY PERIODS ARE HEAVY BUT OFTEN (ALMOST) STOP ON THE 4 TH DAY, & START UP PROFUSE FEMALE: MY PERIODS ARE HEAVY BUT OFTEN (ALMOST) STOP ON THE 4 TH DAY, & START UP PROFUSE FEMALE: MY AREAS THAT HAVE BECOME BUILDING. ANY AREAS THAT HAVE BECOME BUILDING. INCREASED DARKENING AROUND BONY AREAS, AT SKIN FOLDS, SCARS AND IN JOINT CREASES? LIGHT COLORED PATCHES ON SKIN WHERE IT HAS LOST ITS USUAL COLOR? FAIRTINGS SELLS? FREQUENT UNEXPLAINED DIARRHEA? FREQUENT UNEXPLAINED SKIN - OLLY FRITTINGS SKIN - WRINKLES DIARRHEA SKIN - OLLY SKIN - VARINKLES DIARRHEA SKIN - OLLY SKIN - VARINKLES DECRESSIVE SWEATING FREGUENT WITH SKIN - OLLY MOOD SWINGS LOOD PRESSURE - LOW MOOD SWINGS DECREASED SEVE SWEATING FREGUENT WITH SKILL - OLLY MOOD SWINGS DECREASED SEVAL ARE BREATTHABILITY LOOD PRESSURE - LOW MOOD SWINGS DECREASED SEVAL ARE BREATTHROUGH BLEET CRAMPS BREATTHROUGH BLEET FREGUENT TO TEMP. SWINGS ENDOMETRIOSIS, FIBRE BREATTHROUGH BLEET FREGUENT FROM THE FREGUENT PRESSURE BREATTHROUGH BLEET FREGUENT TO TEMP. SWINGS BREATTHROUGH BLEET FREGUENT FROM THE FREGUENT PRESSURE BREATTHROUGH BLEET FREGUENT TO TEMP. SWINGS BREATTHROUGH BLEET FREGUENT TO TEMP. SWINGS BREATTHROUGH BLEET FREGUENT TO TEMP. SWINGS BREATTHROUGH BLEET FREGUENT			
HAVE LOW BLOOD PRESSURE HAVE LOW BLOOD PRESSURE			
HAVE LOW BLOOD PRESSURE HAVE LOW BLOOD PRESSURE			
FEMALE: SYMPTOMS OF PREMENSTRUAL SYNDROME (PMS): CRAMPS, BLOATING, MOODINESS, IRRIFERAMLE: MY PERIODS ARE HEAVY BUT OFTEN (ALMOST) STOP ON THE 4 TH DAY, & START UP PROFUSE TENER THE DIGIT FOR EACH OF THE FOLLOWING SIGNS OR ANY AREAS THAT HAVE BECOME BLUISH-BLACK COLOR?: INSIDE LIPS/MOUTH, VAGINA, INCREASED DARKENING AROUND BONY AREAS, AT SKIN FOLDS, SCARS AND IN JOINT CREASES? LIGHT COLORED PATCHES ON SKIN WHERE IT HAS LOST ITS USUAL COLOR? FAINTING SPELLS? FREQUENT UNEXPLAINED DIARRHEA? **STRUCTIONS: ENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK = NO INTRINCISIONS: ENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK = NO INTRINCISIONS: ENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK = NO INTRINCISIONS: ENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK = NO INTRINCISIONS: ENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK = NO INTRINCISIONS: ENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK = NO INTRINCISIONS: ENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK = NO INTRINCISIONS: ENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK = NO INTRINCISIONS SKIN - OILY SKIN -			
FEMALE: MY PERIODS ARE HEAVY BUT OFTEN (ALMOST) STOP ON THE 4 TH DAY, & START UP PROFUSE ENTER THE DIGIT 1 FOR EACH OF THE FOLLOWING SIGNS OR: ANY AREAS THAT HAVE BECOME BULISH-BLACK COLOR?: INSIDE UPS/MOUTH, VOINA, INCREASED DARKENING AROUND BONY AREAS, AT SKIN FOLDS, SCARS AND IN JOINT CREASES? LIGHT COLORED PATCHES ON SKIN WHERE IT HAS LOST ITS USUAL COLOR? FAINTING SPELLS? FREQUENT UNEXPLAINED DIARRHEA? HORMONE SIGNS & SYMPTON STRUCTIONS: ENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK = NO ENTHRITIS/STIFFNESS INTO OR BACK PAIN SITIOPOROSIS SKIN - OILY STEOPOROSIS SKIN - WRINKLES LEXCESSIVE SWEATING WEIGHT - LOSS WEIGHT - LOSS WEIGHT - LOSS LOOD PRESSURE - HIGH LOOD PRESSURE - HIGH DECREASED SINS OF SENSE OF SENSE OF SEATING HARDER TO BE SEXUE ALL ARE READMACHES LOOD PRESSURE - HIGH DECREASED SENSE OF SEATING HARDER TO BE SEATING HARDER TO REASE OF SENSE OF SEATING HARDER TO REASE DESTAIS OF SEATING HERE BEAT INTOLERANCE CARMPS ENDREATURE SWINGS BERASTS - SEATING HERE BERAST			
FEMALE: MY PERIODS ARE HEAVY BUT OFTEN (ALMOST) STOP ON THE 4 TH DAY, & START UP PROFUSE ENTER HE DIGIT 1 FOR FACH OF THE FOLLOWING SIGNS OR: ANY AREAS THAT HAVE BECOME BUISH-BLACK COLOR?: INSIDE UPS/MOUTH, VOINA, INCREASED DARKENING AROUND BONY AREAS, AT SKIN FOLDS, SCARS AND IN JOINT CREASES? LIGHT COLORED PATCHES ON SKIN WHERE IT HAS LOST ITS USUAL COLOR? FAINTING SPELLS? FREQUENT UNEXPLAINED DIARRHEA? HORMONE SIGNS & SYMPTON STRUCTIONS: ENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK = NO ENTIRE THRITIS/STIFFNESS INTO TO B BACK PAIN SITIOPOROSIS SKIN - OBLY SITIOPOROSIS SKIN - WRINKLES LOCOPRESSURE - HIGH LOOD PRESSURE - HIGH LOOD PRES	ABILITY, EMOTIONAL	INSTABILITY, HEADACHES, TIREDNES!	S,
ENTER THE DIGIT 1 FOR EACH OF THE FOLLOWING SIGNS OR: ANY AREAS THAT HAVE BECOME BLUISH-BLACK COLOR?: INSIDE LIPS/MOUTH, VAGINA, INCREASED DARKENING AROUND BONY AREAS, AT SKIN FOLDS, SCARS AND IN JOINT CREASES? LIGHT COLORED PATCHES ON SKIN WHERE IT HAS LOST ITS USUAL COLOR? FAINTING SPELLS? FREQUENT UNEXPLAINED DIARRHEA? EASILY BECOME DE HORMONE SIGNS & SYMPTON NSTRUCTIONS: ENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK = NO RITHRITIS/STIFFNESS SKIN - DRY SININ - ORLY SKIN - OLLY SKIN - OLLY SKIN - OLLY MICHIEL - GAIN ANXIETY WEIGHT - LOSS JEADACHES JEACHES			
ANY AREAS THAT HAVE BECOME BLUISH-BLACK COLOR?: INSIDE LIPS/MOUTH, VAGINA, INCREASED DARKENING AROUND BONY AREAS, AT SKIN FOLDS, SCARS AND IN JOINT CREASES? LIGHT COLORED PATCHES ON SKIN WHERE IT HAS LOST ITS USUAL COLOR? FAINTING SPELLS? FREQUENT UNEXPLAINED DIARRHEA? FREGUENT UNEXPLAINED DIARRHEA? FRAITING UNEXPLAINED DIARRHEA? FRAITING UNEXPL			
INCREASED DARKENING AROUND BONY AREAS, AT SKIN FOLDS, SCARS AND IN JOINT CREASES? LIGHT COLORED PATCHES ON SKIN WHERE IT HAS LOST ITS USUAL COLOR? FREQUENT UNEXPLAINED DIARRHEA? FREQUENT UNEXPLAINED DIARRHEA? HORMONE SIGNS & SYMPTOM NSTRUCTIONS: ENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK = NO RITHRITIS/STIFFNESS SKIN - DRY SINTO TO RACK PAIN STEOPOROSIS UNIT OR BACK PAIN SYEIGHT - GAIN VEIGHT - GAIN VEIGHT - LOSS LEADACHES LEODE PRESSION LEODE PRESSION LEODE PRESSION LEODE PRESSURE - LOW LOOD PRESSURE - HIGH DECREASED SENSE OF: NOOMNINGS LOOD PRESSURE - HIGH DECREASED SENSE OF: NOOMNINGS LOOD PRESSURE - HIGH DECREASED SENSE OF: NOOMNINGS NOOMNINGS DECREASED SENSE OF: NOOMNINGS NOOMNINGS DECREASED SENSE OF: READACH CILI ATIQUE AMENORRHEA (NO PER BREAKTH-ROUGH BLEEF LEAT INTOLERANCE ENSTITUE TO TEMP. SWINGS ENDOMETRIOSIS, FIBRE EMPERATURE SWINGS EMPERATURE SWINGS BREASTS - SAGGING/LE COD CRAVINGS BREASTS - SAGGING/LE OOD CRAVINGS BREASTS - SAGGING/LE AMENORRHEA BREASTS - SAGGING/LE OOD CRAVINGS BREASTS - SUE INCREASED LARD B	AROUND NIPP		
LIGHT COLORED PATCHES ON SKIN WHERE IT HAS LOST ITS USUAL COLOR? FREQUENT UNEXPLAINED DIARRHEA? HORMONE SIGNS & SYMPTOW NSTRUCTIONS: ENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK = NO NRTHISTIS/STIFFNESS OINT OR BACK PAIN SISTEOPOROSIS SISTEOPOROSIS MUSCLE FLABBINESS OR WEAKNESS WEIGHT — GAIN WEIGHT — GAIN WEIGHT — LOSS HEADACHES HOOD PRESSURE - LIOW HOOD SWINGS HEADACHES HARDER TO REACH CLILI AND HEADACHES HEADACHES HARDER TO REACH CLILI AND HARDER TO REACH TO REAC			
FREQUENT UNEXPLAINED DIARRHEA? HORMONE SIGNS & SYMPTON NSTRUCTIONS: ENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK, NO INTERPORATION SENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK, NO INTERPORATION SENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK, NO INTERPORATION SENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK, NO INTERPORATION SENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK, NO INTERPORATION SENTER A SEVERATION SENTER A			
HORMONE SIGNS & SYMPTOM NSTRUCTIONS: ENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK = NO INTITUTIS/STIFFNESS OINT OR BACK PAIN DISTEOPOROSIS AUSCLE FLABBINESS OR WEAKNESS VEIGHT - GAIN VEIGHT - GAIN VEIGHT - LOSS IEADACHES IEADACHES IEADACHES IEADOCHESSURE - HIGH DECREASED LIBIDO DECREASED LIBIDO DECREASED LIBIDO DECREASED LIBIDO DECREASED SEXUAL AR NEONDHIA/SLEEP DISTURBANCES AMENORRHEA (NO PER ORGETFULNESS BERATHROUGH BLEEF EAST INTOLERANCE EASTITUTE TO TEMP. SWINGS EMPERATURE SWINGS EMPERATURE SWINGS COD CRAVINGS DECREASED SEXUAL AR BERASTS - FIBROCYSTIC DECREASED SEXUAL AR BERASTS - SIZE INCREASED DECREASED SEXUAL AR AMENORRHEA (NO PER DROMSTITUTIONS) BERASTS - SIZE INCREASED DECREASED SEXUAL AR AMENORRHEA (NO PER DROMSTITUTIONS) BERASTS - SIZE INCREASED DECREASED SEXUAL AR BERASTS - SIZE INCREASED DECREASED DECREASED DECREASED DECREASED DECREASED DECREASED DECREASED DE	HYDRATED?		
NSTRUCTIONS: ENTER A SEVERITY SCORE TO ALL SYMPTOMS YOU CURRENTLY EXPERIENCE: BLANK = NO ARTHRITIS/STIFFRESS OINT OR BACK PAIN SETION BACK PAIN SETION BACK PAIN SETION SETIO			
ARTHRITIS/STIFFNESS OINT OR BACK PAIN SICIN - OILY OSTEOPOROSIS MUSCLE FLABBINESS OR WEAKNESS MUSCLE FLABBINESS OR WEAKNESS MUSCHT - GAIN ANXIETY MEIGHT - LOSS DEPRESSION MEIGHT - LOSS BLOOD PRESSURE - LOW MOOD SWINGS BLOOD PRESSURE - HIGH DECREASED LIBIDO DECREASED LIBIDO DECREASED SENSE OF S BROON SINESS DECREASED SENSE OF S DECR		AODEDATE & CEVERE A EVERE	245
OINT OR BACK PAIN SETEOPOROSIS SKIN - OILY SETEOPOROSIS SKIN - WRINKLES MUSCLE FLABBINESS OR WEAKNESS EXCESSIVE SWEATING MEIGHT - GAIN ANXIETY WEIGHT - LOSS BEPRESSION HEADACHES BIRATBBILITY BLOOD PRESSURE - LOW BLOOD PRESSURE - HIGH DECREASED LIBIDO HEART PALPITATION DECREASED SENSE OF 3 PROWSINESS BREAST OF A CONCENTION OF A CONCENT OF A CONCE	<u>VE; 1 = MILD; 2 = N</u>	NODERATE; 3 = SEVERE; 4 = EXTRE	VIE
DISTEOPOROSIS MUSCLE FLABBINESS OR WEAKNESS MEGHT – GAIN MEIGHT – GAIN MEIGHT – LOSS DEPRESSION HEADACHES HEADACHES HEADACHES HEADACHES HEADACHES HEADACHES HEADACHES HEADPITATION DECREASED LIBIDO DECREASED LIBIDO DECREASED SENSE OF S. DECREASED SENSE OF S. DECREASED SENSE OF S. ROSOMNIA/SLEEP DISTURBANCES HARDER TO REACH CLII ATIGUE AMENORRHEA (NO PER DECREASED SEXUAL AR MENORRHEA (NO PER DECREASED SEXUAL AR MENORRHEA (NO PER DECREASED SENSE OF S. HEADACH CLII AMENORRHEA (NO PER DECREASED SENSE OF S. HEADACH CLII HEAVY/IRREGULAR PER BEREASTHROUGH BLEED CRAMPS HEAVY/IRREGULAR PER BEREASTS - SAGGING/IC BERE			
MUSCLE FLABBINESS OR WEAKNESS WEIGHT — GAIN WEIGHT — LOSS DEPRESSION HEADACHES IRRITABILITY BLOOD PRESSURE - LOW BLOOD PRESSURE - HIGH DECREASED LIBIDO HEART PALPITATION DECREASED SENSE OF : DROWSINESS DECREASED SENSE OF : DROWSINESS DECREASED SEVAL AR NSOMNIA/SLEEP DISTURBANCES HARDER TO REACH CLII ATTIGUE AMENORRHEA (NO PER SENSITIVE TO TEMP. SWINGS ENDOMETRIOSIS, FIBRE HEAVY/IRREGULAR PER MEMPERATURE LOW DIZZINESS BREASTS - SIZE INCREA: BREASTS - SAGGING/LE DOD CRAVINGS BREASTS - SAGGING/LE DIARRHEA BREASTS - SIZE INCREA: BALADDER SYMPTOMS LAIR - DRY NICHT SWEATS HAIR - LOSS: SCALP WAGINAL DRYNESS HAIR - LOSS: SCALP WAGINAL DRYNES HAIR - LOSS: PUBIC, ARMPIT & BODY WATER RETENTION/BUL ERECTION PROBLEMS NUTRITION NSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) IT, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)			
VEIGHT — GAIN VEIGHT — LOSS DEPRESSION HEADACHES HIGH — LOSS DEPRESSURE — LOW SLOOD PRESSURE — LOW SLOOD PRESSURE — HIGH HEART PALPITATION DECREASED SENSE OF S PROWSINESS DECREASED SEXUAL AR NOOMINA/SLEEP DISTURBANCES AMENORRHEA (NO PER FORGETFULNESS BREAKTHROUGH BLEED FORGETFULNESS BREASTS — SAGGING/LE FORDERATURE SWINGS FEMPERATURE SWINGS FEMPERATURE LOW BREASTS — FIBROCYSTIC FORDERATURE SWINGS FEMPERATURE SWINGS FEMPERATURE LOW BREASTS — SAGGING/LE FORDERATIONS BREASTS — SAGGING/LE FORDERATIONS BREASTS — SAGGING/LE FORDERATIONS BREASTS — SIZE INCREAS BREASTS — SIZE INCREAS BREASTS — SIZE INCREAS BAIR — PACIAL PMS (PREMENSTRUAL INCREASE) BAIR — LOSS: SCALP VAGINAL DERNESS BREASTS — WAS GRANAL INCREASE BAIR — LOSS: PUBIC, ARMPIT & BODY WATER RETENTION/BLI BREASTON — SURTHER SON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)			
MEIGHT — LOSS JEADACHES JEANACHES JERNITABILITY MOOD SWINGS BLOOD PRESSURE - LOW MOOD SWINGS BLOOD PRESSURE - HIGH JECREASED SENSE OF S BROWSINESS DECREASED SENSE OF S DECREASED SENSET OF S DECREASED SENSET OF S DECREASED SENSET OF S DECREASED SENSET OF S DECREASED SENSE			
HEADACHES BLOOD PRESSURE - LOW BLOOD PRESSURE - HIGH HEART PALPITATION HEART TO REACH CLII AMENORRHEA (NO PEE FORGETFULNESS HEARTHROUGH BLEED HEAT INTOLERANCE HEAT INTOLERANCE HEAT INTOLERANCE HEAT INTOLERANCE HEAVI/IRREGULAR PER HEAVI/IRREGULAR PER HEMPERATURE SWINGS HEAVY/IRREGULAR PER HEMPERATURE LOW HEAVI/IRREGULAR PER HEAVI/IRREGULAR PER HEAVI/IRREGULAR PER HEMPERATURE LOW HEAVI/IRREGULAR PER HEAVI/IRREGULAR PER HEMPERATURE LOW HEAVI/IRREGULAR PER HEAVI/IRREGULAR			
BLOOD PRESSURE - LOW BLOOD PRESSURE - HIGH BREAKTH ROUGH BLEED CRAMPS BREAKTH ROUGH BRE			
DECREASED LIBIDO HEART PALPITATION DECREASED SENSE OF S DROWSINESS DECREASED SEXUAL AR NSOMNIA/SLEEP DISTURBANCES HARDER TO REACH CLII FATIGUE FORGETFULNESS BREAKTHROUGH BLEEF FORGETFULNESS HEAT INTOLERANCE CRAMPS SENSITIVE TO TEMP. SWINGS FEMPERATURE LOW DIZZINESS BREASTS - SAGGING/LE FOOD CRAVINGS BREASTS - FIBROCYSTIC BREASTS - BREASTS - FIBROCYSTIC BREASTS - BREASTS - SAGGING/LE FOOD CRAVINGS BREASTS - SIZE INCREA: BLADDER SYMPTOMS HOT FLASHES ALAIR - DRY HOT FLASHES HAIR - FACIAL HAIR - DRY HAIR - FACIAL HAIR - LOSS: SCALP VAGINAL DRYNESS HAIR - LOSS: PUBIC, ARMPIT & BODY NSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) T, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)			
HEART PALPITATION DECREASED SENSE OF 3 DROWSINESS DECREASED SEXUAL AR NSOMNIA/SLEEP DISTURBANCES HARDER TO REACH CLII FATIGUE AMENORRHEA (NO PER FORGETFULNESS BREAKTHROUGH BLEED GRAMPS SENSITIVE TO TEMP. SWINGS FEMPERATURE SWINGS FEMPERATURE LOW BREASTS - FIBROCYSTIC BIZZINESS FOOD CRAVINGS BREASTS - SAGGING/LE FOOD CRAVINGS BREASTS - SIZE INCREA: BLADDER SYMPTOMS HOT FLASHES BLADDER SYMPTOMS HOT FLASHES BLADDER SYMPTOMS HOT FLASHES HAIR - DRY NIPPLE TENDERNESS HAIR - FACIAL PMS (PREMENSTRUAL : HAIR - LOSS: SCALP WATER RETENTION/BLE BREASTS - SUZE INCREA: BLAIR - LOSS: PUBIC, ARMPIT & BODY WATER RETENTION/BLE CURRENT EXERCISE(S) CURRENT EXERCISE(S)			
DECREASED SEXUAL AR NSOMNIA/SLEEP DISTURBANCES HARDER TO REACH CLII FATIGUE AMENORRHEA (NO PEF FORGETFULNESS BREAKTHROUGH BLEED FORGETFULNESS BREAKTHROUGH BLEED GRAMPS SENSITIVE TO TEMP. SWINGS TEMPERATURE SWINGS TEMPERATURE SWINGS TEMPERATURE LOW BREASTS - FIBROCYSTIC DIZZINESS BREASTS - SAGGING/LE FOOD CRAVINGS DIARRHEA BREASTS - SIZE INCREASE BREASTS	EVALATITY.		
NSOMNIA/SLEEP DISTURBANCES FATIGUE AMENORRHEA (NO PEF FORGETFULNESS BREAKTHROUGH BLEET HEAT INTOLERANCE CRAMPS SENSITIVE TO TEMP. SWINGS EENSITIVE TO TEMP. SWINGS EENPERATURE SWINGS EENPERATURE SWINGS EENPERATURE LOW DIZZINESS BREASTS - FIBROCYSTIC DIZZINESS BREASTS - SAGGING/LE FOOD CRAVINGS BREASTS - SIZE INCREASE BLADDER SYMPTOMS HOT FLASHES ACNE HAIR - DRY NIPPLE TENDERNESS HAIR - FACIAL PMS (PREMENSTRUAL) HAIR - LOSS: SCALP HAIR - LOSS: PUBIC, ARMPIT & BODY NSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) T, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)			
AMENORRHEA (NO PER FORGETFULNESS BREAKTHROUGH BLEED CRAMPS BENSITIVE TO TEMP. SWINGS ENDOMETRIOSIS, FIBRO FEMPERATURE SWINGS BREAKTHROUGH BLEED CRAMPS EMPERATURE LOW BREASTS - FIBROCYSTIC BREASTS - FIBROCYSTIC BREASTS - SAGGING/LE FOOD CRAVINGS BREASTS - SAGGING/LE FOOD CRAVINGS BREASTS - SIZE INCREASE BREASTS -			
FORGETFULNESS HEAT INTOLERANCE SENSITIVE TO TEMP. SWINGS ENDOMETRIOSIS, FIBRO TEMPERATURE SWINGS HEAVY/IRREGULAR PER TEMPERATURE LOW BREASTS - FIBROCYSTIC BODIZZINESS BREASTS - SAGGING/LE FOOD CRAVINGS BREASTS - SIZE INCREASE BLADDER SYMPTOMS HOT FLASHES BACNE HAIR - DRY HAIR - DRY HAIR - FACIAL HAIR - LOSS: SCALP VAGINAL DRYNESS HAIR - LOSS: PUBIC, ARMPIT & BODY WATER RETENTION/BLG ERECTION PROBLEMS NUTRITION INSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) T, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)			
HEAT INTOLERANCE SENSITIVE TO TEMP. SWINGS ENDOMETRIOSIS, FIBRO FEMPERATURE SWINGS FEMPERATURE SWINGS FEMPERATURE LOW DIZZINESS BREASTS - FIBROCYSTIC DIZZINESS BREASTS - SAGGING/LE FOOD CRAVINGS BREASTS - STENDERNESS DIARRHEA BREASTS - SIZE INCREA: BLADDER SYMPTOMS HOT FLASHES ACNE HAIR - DRY NIPPLE TENDERNESS HAIR - FACIAL PMS (PREMENSTRUAL : HAIR - LOSS: SCALP VAGINAL DRYNESS HAIR - LOSS: PUBIC, ARMPIT & BODY WATER RETENTION/BLI BREASTS - SIZE INCREA: NUTRITION NSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) T, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)	,		
SENSITIVE TO TEMP. SWINGS TEMPERATURE SWINGS TEMPERATURE SWINGS TEMPERATURE LOW DIZZINESS BREASTS - FIBROCYSTIC DIZZINESS BREASTS - SAGGING/LE FOOD CRAVINGS BREASTS - TENDERNESS DIARRHEA BREASTS - SIZE INCREAS BLADDER SYMPTOMS HOT FLASHES ACNE NIGHT SWEATS HAIR - DRY HAIR - DRY HAIR - LOSS: SCALP HAIR - LOSS: PUBIC, ARMPIT & BODY NSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) T, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)	ING		
TEMPERATURE SWINGS TEMPERATURE LOW DIZZINESS BREASTS - FIBROCYSTIC BREASTS - SAGGING/LE FOOD CRAVINGS BREASTS - TENDERNESS DIARRHEA BREASTS - SIZE INCREAS BLADDER SYMPTOMS ACNE HOT FLASHES ACNE HAIR - DRY NIPPLE TENDERNESS HAIR - FACIAL HAIR - LOSS: SCALP WAGINAL DRYNESS HAIR - LOSS: PUBIC, ARMPIT & BODY WATER RETENTION/BLE ERECTION PROBLEMS NUTRITION NSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) T, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)	NDC ADENOMAZOCIC		
TEMPERATURE LOW DIZZINESS BREASTS - FIBROCYSTIC DIZZINESS BREASTS - SAGGING/LE FOOD CRAVINGS BREASTS - TENDERNESS DIARRHEA BREASTS - SIZE INCREAS BLADDER SYMPTOMS HOT FLASHES ACNE HAIR - DRY NIPPLE TENDERNESS HAIR - FACIAL PMS (PREMENSTRUAL SENTIND) HAIR - LOSS: SCALP WAGINAL DRYNESS HAIR - LOSS: PUBIC, ARMPIT & BODY BREASTS - FIBROCYSTIC NIPPLE TENDERNESS WATER RETENTION/BLE ERECTION PROBLEMS NUTRITION INSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) IT, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)	,		
DIZZINESS BREASTS - SAGGING/LE FOOD CRAVINGS DIARRHEA BREASTS - SIZE INCREASE BLADDER SYMPTOMS HOT FLASHES ACNE HAIR - DRY HAIR - FACIAL HAIR - LOSS: SCALP HAIR - LOSS: PUBIC, ARMPIT & BODY INSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) T, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)			
BREASTS - TENDERNESS DIARRHEA BREASTS - SIZE INCREAS BLADDER SYMPTOMS HOT FLASHES ACNE NIGHT SWEATS HAIR - DRY NIPPLE TENDERNESS HAIR - FACIAL PMS (PREMENSTRUAL) HAIR - LOSS: SCALP VAGINAL DRYNESS HAIR - LOSS: PUBIC, ARMPIT & BODY WATER RETENTION/BLI ERECTION PROBLEMS NUTRITION INSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) IT, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)			
DIARRHEA BREASTS - SIZE INCREA: BLADDER SYMPTOMS HOT FLASHES ACNE NIGHT SWEATS HAIR - DRY NIPPLE TENDERNESS HAIR - FACIAL PMS (PREMENSTRUAL: HAIR - LOSS: SCALP VAGINAL DRYNESS HAIR - LOSS: PUBIC, ARMPIT & BODY WATER RETENTION/BLE ERECTION PROBLEMS NUTRITION INSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) IT, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)			
BLADDER SYMPTOMS ACNE NIGHT SWEATS NIGHT SWEATS HAIR - DRY NIPPLE TENDERNESS HAIR - FACIAL PMS (PREMENSTRUAL: HAIR - LOSS: SCALP VAGINAL DRYNESS HAIR - LOSS: PUBIC, ARMPIT & BODY WATER RETENTION/BLI ERECTION PROBLEMS NUTRITION INSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) IT, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)			
ACNE HAIR - DRY HAIR - FACIAL HAIR - FACIAL HAIR - LOSS: SCALP HAIR - LOSS: PUBIC, ARMPIT & BODY HAIR - LOSS: PUBIC, ARMPIT & BODY WATER RETENTION/BLIEF ERECTION PROBLEMS NUTRITION INSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) IT, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)	ED/FULLNESS		
HAIR - DRY HAIR - FACIAL HAIR - FACIAL HAIR - LOSS: SCALP HAIR - LOSS: PUBIC, ARMPIT & BODY HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) HAIR - LOSS: PUBIC, ARMPIT & BODY HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) HAIR - LOSS: PUBIC, ARMPIT & BODY HAIR - LOSS: PUBIC, ARMPIT & B			
HAIR – FACIAL HAIR – LOSS: SCALP HAIR – LOSS: PUBIC, ARMPIT & BODY WATER RETENTION/BLI ERECTION PROBLEMS NUTRITION NSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) T, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)			
HAIR – LOSS: SCALP HAIR – LOSS: PUBIC, ARMPIT & BODY WATER RETENTION/BLI ERECTION PROBLEMS NUTRITION NSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) T, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)	VNIDBONE		
HAIR – LOSS: PUBIC, ARMPIT & BODY WATER RETENTION/BLI ERECTION PROBLEMS NUTRITION NSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) T, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)	TNDNOIVIL		
RERECTION PROBLEMS NUTRITION NSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) T, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S))ATING		_
NUTRITION NSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) T, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)	ATING		
NSTRUCTIONS: LIST DIETS YOU HAVE BEEN ON DURING THE PAST 12 MONTHS, ALONG WITH REASON(S) T, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)			
T, AND THE REASON(S) FOR STOPPING ANY DIET: CURRENT EXERCISE(S)			
	OK FOLLOWING II, E	SENERITS ON PROBLEMS TOO EAPENE	INCED WIT
CURRENT SOURCE(S) OF STRES			
CURRENT SOURCE(S) OF STRES			
CURRENT SOURCE(S) OF STRES			
CURRENT SOURCE(S) OF STRES			
	5		
ADDITIONAL INFORMATION YOU WISH TO SHARE V	VITH YOUR PROV	IDER	
			





P: 720.425.9541 F: 720.476.4886 PROVIDER USE ONLY [PT INFO] [MEDICAL HX] [?] PROVIDER INSTRUCTIONS (Follow steps <u>sequentially</u>): 1. Click **BOTH** check boxes: Click the ☑s below, to get Score Classifications. Enter Classification in the adjacent drop-down fields. Click the item name review the related questions in the questionnaire CLICK HERE for information management options FLUC **CLASSIFICATION CLASSIFICATION RATIO SCORE:** HI LO SCORE **ESTROGEN** MENOPAUSE ☑ 0.00 0.00 0.00 **PROGESTERONE** 0.00 0.00 ANDROPAUSE ☑ 0 DHEA (*) TOTAL: 0 (**) #: 0 0.00 0.00 TOTAL: 0 ADRENAL ☑ **TESTOSTERONE** 0.00 0.00 BPH ☑ **THYROID** 0.00 0.00 0 CORTISOL 0.00 0.00 --**HGH** 0.00 **PROVIDER COMMENTS / DISCUSSION**