

MEDICAL HISTORY FORM

*Required Fields

SECTION 1: Personal Information

*First Name:	
Middle Name:	
*Last Name	
*Email Address:	

ADDRESS

*Address 1:	
Address 2:	
*City:	
*State:	
*Zip:	
*Country:	

PHONE NUMBERS

Home:	
Best time to call:	
Cell:	
Best time to call:	

OTHER

*Occupation:	
Have you already sought Hormone Therapy?	

SECTION 2: Medical History

GENERAL

*Date of birth:		*Weight:	
*Height:			

MEDICAL HISTORY FORM

PRIMARY PHYSICIAN INFORMATION

Physicians Name:		Physicians Phone:	
Date of last Physical with above physician:			
Last Colonoscopy:		Last Prostate Exam:	
Vasectomy: (Y/N)			

FAMILY HISTORY

Does an **immediate family member** currently have or ever had any of the following?
If yes, please check below and explain in the provided field.

Please Check Y/N	Y	N	Explain family health history:
*Cardiovascular Disease:			
*Diabetes, Thyroid or other Endocrine Disorder:			
*Hypertension:			
*Lipid Disorder:			
*Prostate Cancer:			
*Other forms of Cancer:			
*Other Illnesses:			

LIFESTYLE INFORMATION

*Do you smoke? (Y/N)	
If Yes, how much do you smoke per day?	

*Do you drink alcohol? (Y/N)	
If Yes, how much do you drink per week?	

Are you in any branch of military service as either active duty or reservist? (Y/N)	
Do you have plans to enter any branch of military service as either active duty or reservist? (Y/N)	

MEDICAL HISTORY FORM

DIAGNOSED HISTORY OF DISEASE

Do you currently have or ever had any of the following?
If yes, please check below and explain in the provided field.

	Y/N	Explain the history for any checked yes:
* Any know deficiency including minerals and electrolytes:		
* Blood Disorders:		
* Immune Disorders:		
* Cancer:		
* Chemical Dependency:		
* Carpal Tunnel Syndrome:		
* Lung Disorder:		
* Orthopedic or muscle disorder:		
* Allergies to Medications:		
* Upper Respiratory:		
* Edema/excess fluid retention:		
* Poor wound healing:		
* Emotional disorders/depression:		
* Renal Disease:		
* Genital – Urinary Disorder:		
* Hyperlipidemia:		
* Hypertension:		
* Neurological Disorder:		
* Thyroid, Diabetes, or other Endocrine disorder including insulin:		
* Arthritis:		
* Bursitis:		
* Rheumatism:		
* Sports Injury(s):		
* Other Illnesses:		

<p>* List all medications you are taking. Please be specific (name, dosage, etc.) or specify “none”</p>

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DIAGNOSED HISTORY OF DISEASE

*Prior history of Steroids or Hormones? (Y/N)	
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MALE	Y	N
Test:		
Deca:		
Winstrol:		
hGH:		
Thyroid:		
Other:		

Type/Dose/Frequency:

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Type/Dose/Frequency:

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Prior Medical Records/Labs? (Y/N)	
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Any side effects?

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Used estrogen-blocker? (Y/N)	
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QUESTIONS FOR TREATMENT

Prospective Patients: Please check the symptoms you hope to improve through hormone replacement therapy (HRT).

Existing Patients: Please check the symptoms you have improved and hope to continue to improve through HRT.

Please Check Y/N	Y	N
*Increased lack of drive:		
*Increasing fat deposits around the abdomen and/or thighs:		
*Increasing mood swings:		
*Increasing sagging muscles		
*Increasing wrinkles:		
*Increasing stress:		
*Depression:		
*Difficulty sleeping:		

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*Headaches/Migraines:		
*Hot flashes:		
*Loss of concentration, sociability, activity:		
*Loss of interest in sex:		
*Decreased desire and ability to exercise:		
*Decreased energy or endurance:		
*Decreased sense of well-being:		
*Decreasing memory:		
*Decreasing muscle strength:		
*Decreasing size of testicles:		
*Progressive osteoporosis, decreasing bone mass, stooped posture:		
*Cold or heart intolerance:		
*Muscle loss:		
*Sagging, loss or thin skin:		
*Sore muscles, joint pain(s) or swelling:		
*Thinning or loss of hair:		
*Weight loss – Unexplained:		
*Other:		

Please use this space to explain any additional information:

RENEW LASER & SKIN AND ITS PHYSICIANS DO NOT TREAT PATIENTS FOR ATHLETIC PERFORMANCE OR ENHANCEMENT. We do not treat bodybuilders or professional athletes. We do not treat those who are currently in any branch of military service (active duty or reservist) or those who anticipate entering the military while a part of hormone treatment. You must have a verified deficiency and medical need to qualify for treatment by our physicians.