THE iBODY

956 Huntington Drive
San Marino, CA 91108
Phone: 626.593.5993

Patient Name:_____ DOB: _____

Please Answer All Questions Below

Have you ever used steroids or hormone replacement? ___No ___Yes
If yes, what did you use? _____

Are you currently being treated for depression? ___No ___Yes
If yes, what are you taking? _____

Is there a family history of any diseases below?

Alcoholism	___	Who_____	High Blood Pressure	__	Who_____
Alzheimer's	___	Who_____	Hypertension	___	Who_____
Colon Cancer	___	Who_____	Osteoporosis	___	Who_____
Diabetes	___	Who_____	Prostate cancer	___	Who_____
Heart Disease	___	Who_____	Thyroid Disease	___	Who_____

Have you experienced any of the following symptoms recently?

Symptoms	Yes/Duration	No	Symptoms	Yes/Duration	No
Sleep Disturbance			Weight Gain		
Memory Loss			Decreased Energy		
Depression			Loss of Drive		
Irritability			Prostate Problems		
Erectile Dysfunction			Back Pain		
Decreased Sex Drive			Irregular Bowel Mvmt.		
Joint Pain			Frequent Urination		
Arthritis			Hair Loss		
Fatigue			Loss of Muscle Mass		

Do you have any other questions for me or comments you would like to share?

_____
_____
_____
_____

_____
Patient Signature Date