

DOCTOR EXAM FORM

DATE OF EXAM: _____ PATIENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ - _____

DATE OF BIRTH: ____/____/____ AGE: _____ SEX: M F

BLOOD PRESSURE: _____ WEIGHT: _____ HEIGHT: _____

Physical Exam	Normal	Abnormal
General	<input type="checkbox"/>	<input type="checkbox"/>
HEENT	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>
Chest	<input type="checkbox"/>	<input type="checkbox"/>
Cor	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>

IMPRESSION: _____

ALLERGIES (including medication): _____

CURRENT OTC MEDICATION: _____
(Name, Strength and Dosage)

PHYSICIAN SIGNATURE: _____ DATE: _____

PHYSICIAN NAME: _____ PHONE: (_____) _____ - _____

ADDRESS: _____

REQUIRED LABORATORY RESULTS:

- Complete Blood Count, DIFF, PLTS
- Comprehensive Metabolic Screen
- Comprehensive Lipid Panel
- Thyroid Profile (TSH, T3U, T4)
- Comprehensive Female Profile (if applicable/optional) (*)

(*) The Comprehensive Female profile also measures levels of cortisol, DHEA, and melatonin, to get a more complete picture of how adrenal hormones and melatonin may also be playing a role in producing symptoms and/or imbalances. Once abnormal patterns are accurately detected, an effective treatment plan can be developed to restore a patient's natural hormonal rhythms. This profile also serves as an invaluable tool for monitoring the effectiveness of therapy and safeguarding against excessive hormone levels