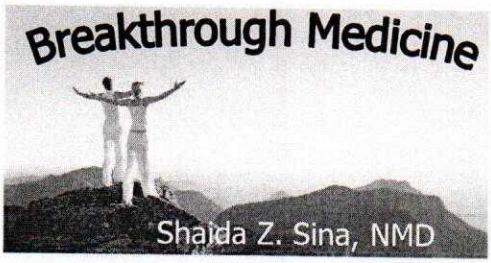

Practice: 702 S. Main Street
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EMERGENCY RX REFILL

PATIENT NAME:(PLEASE PRINT) _____ DATE: _____

LIST EACH **PRESCRIPTION** AND THE **NAME OF PHARMACY** WHERE THE PRESCRIPTION MUST BE SENT:

1._____ 2. _____ 3._____

4._____ 5._____ 6._____

ANY CHANGE IN YOUR HEALTH SINCE LAST VISIT?

IF "YES", PLEASE EXPLAIN:_____

_____

THIS COULD BE A NEW CONDITION, MAJOR LIFE CHANGE (DIVORCE, FAMILY DEATH…) OR CHANGE IN OLD CONDITIONS:

_____

_____

HAVE YOU GONE TO URGENT CARE, THE EMERGENCY ROOM OR BEEN HOSPITALIZED SINCE OUR LAST VISIT?

CIRCLE: YES OR NO. PLEASE LIST:_____

IF YES PLEASE EXPLAIN:_____

PLEASE LIST ALL CURRENT MEDICATIONS AND NOTE ANY CHANGES SINCE YOUR LAST VISIT:

1)_____

2)_____

3)_____

4)_____

5)_____

6)_____

PLEASE LIST SUPPLEMENTS AND HOW YOU ARE TAKING THEM:

1)_____

2)_____

3)_____

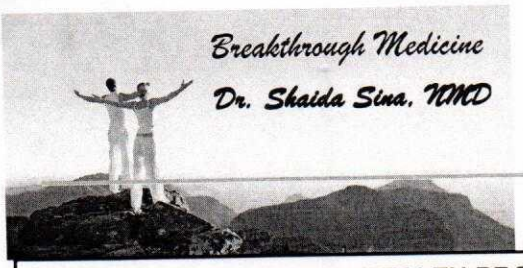
4)_____

5)_____

6)_____

7)_____

8)_____



Office & Natural Pharmacy:
702 S. Main St. Cottonwood, AZ 86326

HEALTH PROFILE

NAME _____ DATE _____

Rate each of the following symptoms upon your typical health profile for:

Point Scale	
	0 *Never* or *Almost never* have the symptom
	1 *Occasionally* have it, effect is *not severe*
	2 *Occasionally* have it, effect is *severe*
	3 *Frequently* have it, effect is *not severe*
	4 *Frequently* have it, effect is *severe*

Head
- ____ Headaches
- ____ Faintness
- ____ Dizziness
- ____ Insomnia
- ____ TOTAL

Eyes
- ____ Watery or itchy eyes
- ____ Swollen, reddened or sticky eyelids
- ____ Bags or dark circles under eyes
- ____ Unusual blurred or tunnel vision
- ____ TOTAL

Ears
- ____ Itchy ears
- ____ Earaches, ear infections
- ____ Drainage from ear
- ____ Ringing in ears, hearing loss
- ____ TOTAL

Nose
- ____ Stuffy nose
- ____ Sinus problems
- ____ Hay fever
- ____ Sneezing attacks
- ____ Excessive mucous formation
- ____ TOTAL

Mouth Throat
- ____ Chronic coughing
- ____ Gagging, freq. Need to clear throat
- ____ Sore throat, hoarseness, loss of voice
- ____ Swollen or discolored tongue, gums, lips
- ____ Canker sores
- ____ TOTAL

Skin
- ____ Acne
- ____ Hives, rashes, dry skin
- ____ Hair loss
- ____ Flushing, hot flashes
- ____ Excessive sweating
- ____ TOTAL

Heart
- ____ Irregular or skipped heart beat
- ____ Rapid or pounding heartbeat
- ____ Chest pain
- ____ TOTAL

Lungs
- ____ Chest congestion
- ____ Asthma, bronchitis
- ____ Shortness of breath
- ____ Difficulty breathing
- ____ TOTAL

Digestive Tract
- ____ Nausea, vomiting
- ____ Diarrhea
- ____ Constipation
- ____ Bloated feeling
- ____ Belching, passing gas
- ____ Heartburn
- ____ Intestinal / stomach pain
- ____ TOTAL

Joints/ Muscles
- ____ Pain or aches in joints
- ____ Arthritis
- ____ Stiffness /limitation of movement
- ____ Pain or aches in muscles
- ____ Feeling of weakness or tiredness
- ____ TOTAL

Weight
- ____ Binge eating/drinking
- ____ Craving certain foods
- ____ Excessive weight
- ____ Compulsive eating
- ____ Water retention
- ____ Underweight
- ____ TOTAL

Energy/ Activity
- ____ Fatigue, sluggishness
- ____ Apathy, lethargy
- ____ Hyperactivity
- ____ Restlessness
- ____ TOTAL

Mind
- ____ Poor memory
- ____ Confusion, poor comprehension
- ____ Poor concentration
- ____ Poor physical coordination
- ____ Difficulty in making decisions
- ____ Stuttering or stammering
- ____ Slurred speech
- ____ Learning disabilities
- ____ TOTAL

Emotions
- ____ Mood swings
- ____ Anxiety, fear, nervousness
- ____ Anger, irritability, aggressiveness
- ____ Depression
- ____ TOTAL

Other
- ____ Frequent illness
- ____ Frequent or urgent urination
- ____ Genital itch or discharge
- ____ TOTAL

HEALTH PROFILE GRAND TOTAL _____

MALE HORMONE SURVEY

Please score: BLANK= No Symptoms.
USE 1-5 (1=Mild 5=Severe)

- Constipation _____
- Muscle pain _____
- Joint pain _____
- Low sex drive _____
- Erectile firmness _____
- Erectile stamina _____
- Decreased ejaculate _____
- Unable to climax _____
- Premature climax _____
- Fatigue _____
- Loss of motivation _____
- Decreased strength _____
- Decreased endurance _____
- Depression _____
- Anxiety _____
- Mood swings _____
- Foggy thinking _____
- Adult acne _____
- Difficulty passing urine _____
- Pain with passing urine _____
- Dry skin _____
- Thinning hair _____
- Anger/ Irritability _____
- Breast enlargement _____
- Increase in abdomen girth _____
- Insomnia _____
- Weight gain _____
- Rapid weight loss _____
- Over sensitive/ weepy _____
- Thinning of skin _____

HORMONE SURVEY TOTAL _____

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