ANAMNESIS

Your name & other details (Please fill in the information below in the spaces with yellow background)

Please attach here a color picture of yourself						
	First name		Family name			
	Maiden name		Profession			
	Date of birth		Age …years		Number of children	
	Address					
	City		Postal code		Country	
	E-mail(s)					
	Mobile phone		Office phone			
	Private phone		Fax number			

Main reasons for consultation (Please provide the main reasons for consultation and since when the problem exists)

Reason 1		Since ….
Reason 2		Since ….
Reason 3		Since ….
Reason 4		Since ….
Reason 5		Since ….

Actual drugs and supplements (**Please provide the names** and **doses of** current **drugs** and **supplements and how long** you've been taking them.)

Drug/supplement 1		Drug/supplement 4	
Drug/supplement 2		Drug/supplement 5	
Drug/supplement 3		Drug/supplement 6	

YOUR HEALTH: Please answer by clicking on one box per question in the yellow rectangles ("☐") or on a separate yellow box ("☐")

Note: The **blue questions** are repeated, so you may only answer them once, although it is better for us if you answer each one.

⇓ Thyroid deficiency complaints ⇓

SCORE (from no (0) to very strong complaint (+++))		0	±	+	++	+++	SCORE		0	±	+	++	+++
Overweight body[1]		☐	☐	☐	☐	☐	Fatigue	**Morning fatigue**	☐	☐	☐	☐	☐
Hair	**Diffuse hair loss** (all over head)	☐	☐	☐	☐	☐		Fatigue at rest	☐	☐	☐	☐	☐
	Slow-growing hair	☐	☐	☐	☐	☐		Reduced vitality	☐	☐	☐	☐	☐
	Brittle hair [1]	☐	☐	☐	☐	☐		**Apathy**	☐	☐	☐	☐	☐
Nails	Brittle fingernails[1]	☐	☐	☐	☐	☐		**Somnolence**	☐	☐	☐	☐	☐
	Slow-growing nails	☐	☐	☐	☐	☐	**Slowness** (morning)		☐	☐	☐	☐	☐
Face	**Puffy face**	☐	☐	☐	☐	☐	Distracted		☐	☐	☐	☐	☐
	Swollen lower eyelids	☐	☐	☐	☐	☐	**Attention deficit**		☐	☐	☐	☐	☐
Edema	Swollen hands (morning)	☐	☐	☐	☐	☐	**Memory loss**[1]		☐	☐	☐	☐	☐
	Swollen feet (morning)	☐	☐	☐	☐	☐	**Depression** (morning)		☐	☐	☐	☐	☐
Tendency to **weight gain**		☐	☐	☐	☐	☐	Head-aches	Diffuse (all over the head)	☐	☐	☐	☐	☐
Cold	**Excessive sensitivity to cold**	☐	☐	☐	☐	☐		Around eyes	☐	☐	☐	☐	☐
	Cold in evening	☐	☐	☐	☐	☐		Frontal	☐	☐	☐	☐	☐
	Need for blankets at night	☐	☐	☐	☐	☐		Occipital	☐	☐	☐	☐	☐
	Cold hands	☐	☐	☐	☐	☐	Migraine	Vomiting, nausea	☐	☐	☐	☐	☐
	White winter fingers	☐	☐	☐	☐	☐		Visual spots (scotomas)	☐	☐	☐	☐	☐
	Cold feet	☐	☐	☐	☐	☐	Ear	**Ear sizzling sounds** (tinnitus)	☐	☐	☐	☐	☐
Lower limbs	**Poor blood flow**	☐	☐	☐	☐	☐		**Deafness**	☐	☐	☐	☐	☐
Heart	Irregular, slow beats, palpitations	☐	☐	☐	☐	☐	Nose	Epistaxis (bleeding)	☐	☐	☐	☐	☐
Dry skin	Face	☐	☐	☐	☐	☐	Pharynx	Hoarseness	☐	☐	☐	☐	☐
	Elbows (back)	☐	☐	☐	☐	☐	Lungs	Dyspnea	☐	☐	☐	☐	☐
	Legs	☐	☐	☐	☐	☐	Infec-tions	**Ear** (otitis) [1]	☐	☐	☐	☐	☐
Joints	**Morning stiffness**	☐	☐	☐	☐	☐		**Nose** (rhinitis) [1]	☐	☐	☐	☐	☐
	Diffuse pains (arthralgia)	☐	☐	☐	☐	☐		**Throat** (pharyngitis) [1]	☐	☐	☐	☐	☐
								Bronchitis[1]	☐	☐	☐	☐	☐
Carpal tunnel syndrome (tingling fingers)		☐	☐	☐	☐	☐	**Poor appetite**		☐	☐	☐	☐	☐
Muscle cramps at night	Calves	☐	☐	☐	☐	☐	Gut	**Dyspepsia**[1]	☐	☐	☐	☐	☐
	Feet	☐	☐	☐	☐	☐		Intolerance to fats	☐	☐	☐	☐	☐
Water	**Poor thirst** (oligodipsia)	☐	☐	☐	☐	☐		**Constipation**[1]	☐	☐	☐	☐	☐
	Difficulty sweating	☐	☐	☐	☐	☐	Enuresis	**Bedwetting as child**	☐ Yes		☐ No		
	Oliguria	☐	☐	☐	☐	☐		Until what age?	*(Fill age here)* ...years				

Body tempera-ture	Take your **temperature 3 times.** With as little movement as possible, put the thermometer under an armpit for 10 minutes before getting up in the morning. Do not drink any alcohol the evening before. This test is not valid for women taking oral contraceptives (as the pill increases body temperature). Women who are still menstruating, should measure their temperature the 2nd, 3rd, and 4th day of the cycle (1st day	T°	T°	T°

ANAMNESIS

= 1st day of the menstrual cycle).

⇑ Thyroid excess complaints ⇑

Underweight body(despite ↑ food intake)[1]	☐ ☐ ☐ ☐ ☐	**Nervous**[1]	☐ ☐ ☐ ☐ ☐
Weight loss **(abnormal)**	☐ ☐ ☐ ☐ ☐	**Quick palpitation (Tachycardia)**[1]	☐ ☐ ☐ ☐ ☐
Constant hot feeling	☐ ☐ ☐ ☐ ☐	**Insomnia** (the whole night)	☐ ☐ ☐ ☐ ☐
Diffuse sweating (hair, face, trunk)	☐ ☐ ☐ ☐ ☐	**Exaggerated appetite**	☐ ☐ ☐ ☐ ☐
Exaggerated thirst (poludipsia)	☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐

⇓ Cortisol deficiency complaints ⇓

SCORE (from no (0) to very strong complaint (+++))		0	±	+	++	+++	**SCORE**		0	±	+	++	+++
Underweight body (despite ↑ food intake) [2]		☐	☐	☐	☐	☐	In **stress** conditions	**Irritable**	☐	☐	☐	☐	☐
Face	Hollow face	☐	☐	☐	☐	☐		**↓ low resistance**	☐	☐	☐	☐	☐
	Brownish face	☐	☐	☐	☐	☐		**Fatigue ↓ punch**	☐	☐	☐	☐	☐
	Melasma (brown skin patches)	☐	☐	☐	☐	☐		Easily confused	☐	☐	☐	☐	☐
	Pigment spots	☐	☐	☐	☐	☐		↓ low blood pressure	☐	☐	☐	☐	☐
	Vitiligo (discolored skin spots)	☐	☐	☐	☐	☐		**Emotional outbursts**	☐	☐	☐	☐	☐
Skin of hands	Vitiligo	☐	☐	☐	☐	☐							
	Dermatitis, eczema, psoriasis	☐	☐	☐	☐	☐	**Appetite loss**		☐	☐	☐	☐	☐
Allergies	Skin [1]	☐	☐	☐	☐	☐	**Sweet cravings**		☐	☐	☐	☐	☐
	Ear[1]	☐	☐	☐	☐	☐	**Energy drops** (hypoglycemia)	**at 11h**	☐	☐	☐	☐	☐
	Nose[1]	☐	☐	☐	☐	☐		**at 16h**	☐	☐	☐	☐	☐
	Throat [1]	☐	☐	☐	☐	☐							
	Asthma [1]	☐	☐	☐	☐	☐	**Gut**	Gastritis	☐	☐	☐	☐	☐
	Food allergies[1]	☐	☐	☐	☐	☐		Liver	☐	☐	☐	☐	☐
	Medication intolerance[1]	☐	☐	☐	☐	☐		Enteritis/colitis	☐	☐	☐	☐	☐
Joint pains (arthralgia)	Shoulders	☐	☐	☐	☐	☐		**Abdominal pains**[1]	☐	☐	☐	☐	☐
	Hands	☐	☐	☐	☐	☐	**Quick palpitation (Tachycardia)**[2]		☐	☐	☐	☐	☐
	Feet	☐	☐	☐	☐	☐	**Rheumatoid arthritis**		☐	☐	☐	☐	☐

⇑ Cortisol excess complaints ⇑

Moon face	☐ ☐ ☐ ☐ ☐	Hyper agitated	☐ ☐ ☐ ☐ ☐
Buffalo hump	☐ ☐ ☐ ☐ ☐	**High blood pressure**[1]	☐ ☐ ☐ ☐ ☐

⇓ Aldosterone deficiency complaints ⇓

Low blood pressure	☐ ☐ ☐ ☐ ☐	Difficulty focusing, foggy sight	☐ ☐ ☐ ☐ ☐
Drowsy when standing up (orthostatism)	☐ ☐ ☐ ☐ ☐	**Salty food cravings**	☐ ☐ ☐ ☐ ☐
Feeling better if lying on a bed (supine)	☐ ☐ ☐ ☐ ☐	**Frequent daytime urination** (pollakiuria)[1]	☐ ☐ ☐ ☐ ☐
Empty-headedness	☐ ☐ ☐ ☐ ☐		

⇑ Aldosterone excess complaints ⇑

Swollen	Face (in late afternoon, evening)	☐ ☐ ☐ ☐ ☐	Headache (due to high BP)	☐ ☐ ☐ ☐ ☐
	Hands (in late afternoon, evening)	☐ ☐ ☐ ☐ ☐	**High blood pressure**[2]	☐ ☐ ☐ ☐ ☐
	Feet (in late afternoon, evening)	☐ ☐ ☐ ☐ ☐		

⇓ DHEA deficiency complaints ⇓

Body hair	**Armpit hair loss**	☐ ☐ ☐ ☐ ☐	**Dry**	**Dry eyes**[1] ☐ ☐ ☐ ☐ ☐
	Pubic hair loss	☐ ☐ ☐ ☐ ☐		**Dry skin**[2] ☐ ☐ ☐ ☐ ☐

⇑ DHEA excess complaints ⇑

Acne[1]	☐ ☐ ☐ ☐ ☐	**Scalp hair loss** (women)	☐ ☐ ☐ ☐ ☐

⇓ Insulin deficiency complaints ⇓

Underweight body (despite ↑ food intake)	☐ ☐ ☐ ☐ ☐	**Droopy**	**Triceps**	☐ ☐ ☐ ☐ ☐
Emaciated (thin) **face**	☐ ☐ ☐ ☐ ☐		**Buttocks**[1]	☐ ☐ ☐ ☐ ☐
Thin (↓ fat & muscles) **Arms**	☐ ☐ ☐ ☐ ☐	**Exagerated thirst feeling (polydispie)** [2]		☐ ☐ ☐ ☐ ☐
Legs	☐ ☐ ☐ ☐ ☐	**Urinate large amounts during the day (polyuria)** [2]		☐ ☐ ☐ ☐ ☐
Digestive troubles[2]				

⇑ Insulin excess complaints⇑

Overweight body	☐ ☐ ☐ ☐ ☐	Obese	Abdomen [1]	☐ ☐ ☐ ☐ ☐
Obese (fatty) Face[1]	☐ ☐ ☐ ☐ ☐		Hips[1]	☐ ☐ ☐ ☐ ☐
Breasts[1]	☐ ☐ ☐ ☐ ☐		**Thighs**[1]	☐ ☐ ☐ ☐ ☐

ANAMNESIS

⇓ Thymosin-alpha-1 deficiency complaints⇓

Recurrent infections	**Flu**[1]	☐	☐	☐	☐	☐	**Chronic infections**	**Lyme disease**	☐	☐	☐	☐	☐
	Ear (otitis) [2]	☐	☐	☐	☐	☐		**Epstein-Barr** (mononucleosis)	☐	☐	☐	☐	☐
	Nose (rhinitis) [2]	☐	☐	☐	☐	☐		**Therapy-resistant acne**	☐	☐	☐	☐	☐
	Throat (pharyngitis) [2]	☐	☐	☐	☐	☐		**Hepatitis B**	☐	☐	☐	☐	☐
	Bronchitis[2]	☐	☐	☐	☐	☐		**Hepatitis C**	☐	☐	☐	☐	☐
	Herpes **Lips** (herpes labialis)	☐	☐	☐	☐	☐	**Allergies**	**Skin**[2]	☐	☐	☐	☐	☐
	Herpes **Genital** (h. genitalis)	☐	☐	☐	☐	☐		**Ear-Nose-Throat**[2]	☐	☐	☐	☐	☐
Cancer[1]	**Previously: Which?** [1]	*Name:* …..						**Asthma**[2]	☐	☐	☐	☐	☐
	Currently: Which? [1]	*Name:* …						**Food**[2]	☐	☐	☐	☐	☐

⇓ Low Testosterone & Estrogen complaints⇓

SCORE (de non (0) à des plaintes importantes (+++))	0	±	+	++	+++	SCORE	0	±	+	++	+++
Pale-face	☐	☐	☐	☐	☐	**Permanent fatigue** (whole day)	☐	☐	☐	☐	☐
Presbyopia (difficulty reading)	☐	☐	☐	☐	☐	**Permanent depression** (whole day)	☐	☐	☐	☐	☐
Wrinkles **Above upper lip** (perioral)	☐	☐	☐	☐	☐	**Memory loss**[2]	☐	☐	☐	☐	☐
Wrinkles **Palms** (palmar)	☐	☐	☐	☐	☐						
Mucosa **Dry eyes**[2]	☐	☐	☐	☐	☐	**Hot flushes** (face, upper chest)	☐	☐	☐	☐	☐
Mucosa **Dry mouth**	☐	☐	☐	☐	☐	**Sweat outbursts** (face, upper chest)	☐	☐	☐	☐	☐
Joint pains (arthralgia) **Neck** (cervical) [1]	☐	☐	☐	☐	☐	**Sexual** ↓ **Low desire** (libido)	☐	☐	☐	☐	☐
Joint pains (arthralgia) Middle back (dorsal)	☐	☐	☐	☐	☐	**Sexual** ↓ **Low potency** (orgasm)[1]	☐	☐	☐	☐	☐
Joint pains (arthralgia) Lower back (lumbar)	☐	☐	☐	☐	☐						
Joint pains (arthralgia) **Shoulders**[2]	☐	☐	☐	☐	☐	**Bleeding gums**, gingivitis	☐	☐	☐	☐	☐
Joint pains (arthralgia) Elbows	☐	☐	☐	☐	☐	**Tooth loss**	☐	☐	☐	☐	☐
Wrists	☐	☐	☐	☐	☐	**Tooth prosthesis** Upper mouth	☐ Yes				
Hands[2]	☐	☐	☐	☐	☐	**Tooth prosthesis** Lower mouth	☐ Yes				
Fingers	☐	☐	☐	☐	☐						
Hips	☐	☐	☐	☐	☐	**Heart pains** at stress/exercise	☐	☐	☐	☐	☐
Knees	☐	☐	☐	☐	☐						
Ankles	☐	☐	☐	☐	☐	**Urinary incontinence**	☐	☐	☐	☐	☐

⇓ Testosterone deficiency complaints ⇓

Dry skin[3]	☐	☐	☐	☐	☐	Varicose veins	☐	☐	☐	☐	☐
Muscles **Arms** ↓ Muscle strength	☐	☐	☐	☐	☐	Muscles	**Arms**				
Muscles **Arms** ↓ Muscle volume	☐	☐	☐	☐	☐	**Au sport, activité physique** **Quickly tired**[1]	↓ Muscle volume				
Muscles **Legs** ↓ Muscle volume	☐	☐	☐	☐	☐	**Au sport, activité physique** **Legs**	↓ Muscle volume				
Obese **Hips**[2]	☐	☐	☐	☐	☐	**Au sport, activité physique** Obese	**Hips**				
Obese **Thighs: Cellulite**[2]	☐	☐	☐	☐	☐	**Excessive emotions**	☐	☐	☐	☐	☐
Bruising (proneness to)	☐	☐	☐	☐	☐	**Excessive hesitations, worrying**	☐	☐	☐	☐	☐

WOMEN only: ⇓ Estrogen deficiency complaints ⇓

Age of menopause: *(Fill age here)* ...years

Face losing femininity	☐	☐	☐	☐	☐	**Menstrual cycles** ☐ **Regular**: 27-31 days					
Breasts Small (micromastia)	☐	☐	☐	☐	☐	**Menstrual cycles** ☐ **Short**: ≤ 26 days (polymenorrhea)					
Breasts **Droopy** (ptosis)	☐	☐	☐	☐	☐	**Menstrual cycles** ☐ **Long** ≥ 32 days (spaniomenorrhea)					
Hirsutism (excessive body hair) **Face**	☐	☐	☐	☐	☐	**Menstrual cycles** ☐ **Alternatively, short/long cycles**					
Hirsutism (excessive body hair) Breast	☐	☐	☐	☐	☐	Men-struation No menstruation (amenorrhea)					
Hirsutism (excessive body hair) **Abdomen** (lower)	☐	☐	☐	☐	☐	Men-struation **Poor menstr.** (hypomenorrhea)	☐	☐	☐	☐	☐
Hirsutism (excessive body hair) **Legs**	☐	☐	☐	☐	☐	Men-struation **Depressed** (during menstr.)	☐	☐	☐	☐	☐
Bladder infections (cystitis)	☐	☐	☐	☐	☐	Men-struation **Headaches** (during menstr.)	☐	☐	☐	☐	☐
Dry vagina	☐	☐	☐	☐	☐	Men-struation **Intermittent violent cramps** (spasmodic dysmenorrhea)	☐	☐	☐	☐	☐
Dyspareunia (painful intercourse)	☐	☐	☐	☐	☐						

WOMEN only: ⇓ Progesterone deficiency complaints ⇓

Breasts **Enlarged** (macromastia)	☐	☐	☐	☐	☐	**Mid-cycle** **Ovulation pain** (in the lower abdomen)	☐	☐	☐	☐	☐
Breasts **Cysts**	☐	☐	☐	☐	☐	**Mid-cycle** **Ovulation pain** (in the lower abdomen)	☐	☐	☐	☐	☐
Ovaries **Cysts**	☐	☐	☐	☐	☐	Before menstruation: **Irritability**	☐	☐	☐	☐	☐
Uterus **Fibroids**	☐	☐	☐	☐	☐	Before menstruation: Anxiety	☐	☐	☐	☐	☐
Endometriosis	☐	☐	☐	☐	☐	Before menstruation: **PMS** (premen-strual syndrome) Insomnia	☐	☐	☐	☐	☐
Men- **Heavy blood loss** (menorrhagia)	☐	☐	☐	☐	☐	**PMT** **Painfully swollen breasts**	☐	☐	☐	☐	☐

ANAMNESIS

struation	**Constantly painful** (Constant dysmenorrhea)	☐ ☐ ☐ ☐ ☐	(premenstrual tension)	**Painfully swollen abdomen**	☐ ☐ ☐ ☐ ☐

MEN only: ⇓ Testosterone deficiency complaints ⇓

Face losing masculinity		☐ ☐ ☐ ☐ ☐	**Ejaculation**	↓ **Frequency**[1]	☐ ☐ ☐ ☐ ☐
Insufficient masculine body hair	↓ Mustache	☐ ☐ ☐ ☐ ☐		↓ Volume (sperm)	☐ ☐ ☐ ☐ ☐
	↓ **Beard**	☐ ☐ ☐ ☐ ☐	**Intercourse frequency** (facultative, non-obligatory question):		
	↓ Chest hair	☐ ☐ ☐ ☐ ☐	☐ ≥4x/week	☐ 2-3x/wk	☐ 1x/wk ☐ 1-3x/month ☐ Absent
	↓ **Abdominal hair**	☐ ☐ ☐ ☐ ☐	**Prostate hypertrophy**		☐ Yes ☐ No
	↓ Leg hair	☐ ☐ ☐ ☐ ☐	**Pro-state**	Frequently urinating small urine volumes	☐ ☐ ☐ ☐ ☐
Erections	↓ low sensitivity of the glans	☐ ☐ ☐ ☐ ☐		**Need to urinate 2 or more times at night** (nycturia)	☐ ☐ ☐ ☐ ☐
	↓ in the **morning**	☐ ☐ ☐ ☐ ☐		**Difficulty to urinate** (dysuria)	☐ ☐ ☐ ☐ ☐
	↓ **Frequency**[1]	☐ ☐ ☐ ☐ ☐		**Painful urination** (mictalgia)	☐ ☐ ☐ ☐ ☐
	↓ **Volume** (hardness)[1]	☐ ☐ ☐ ☐ ☐	**Obese**	**Breasts** (pseudogynecomastia)	☐ ☐ ☐ ☐ ☐
	↓ **Persistence** (duration)[1]	☐ ☐ ☐ ☐ ☐		**Abdomen**	☐ ☐ ☐ ☐ ☐

MEN only: ⇑ Estrogen excess ⇓ Progesterone deficiency complaints ⇑

SCORE (from no (0) to very strong complaint (+++))	**0**	**±**	**+**	**++**	**+++**	**SCORE**	**0**	**±**	**+**	**++**	**+++**
Female breast development (gynecomastia)	☐	☐	☐	☐	☐	**Prostate**	Frequently urinating small urine volumes	☐	☐	☐	☐	☐
Obese abdomen	☐	☐	☐	☐	☐		**Need to urinate 2 or more times at night** (nycturia)	☐	☐	☐	☐	☐
Previous heart attack (myocardial infarction)	☐ Yes	☐ No					**Difficulty to urinate** (dysuria)	☐	☐	☐	☐	☐
Prostate hypertrophy	☐ Yes	☐ No					**Painful urination** (mictalgia)	☐	☐	☐	☐	☐

⇑ Testosterone excess complaints ⇑

Red face	☐ ☐ ☐ ☐ ☐	**Impatient, dominant**		☐ ☐ ☐ ☐ ☐
Oily hair	☐ ☐ ☐ ☐ ☐	**Libido excess**		☐ ☐ ☐ ☐ ☐
Acne	☐ ☐ ☐ ☐ ☐	***Only in men:***		☐ ☐ ☐ ☐ ☐
Strong sexual scent	☐ ☐ ☐ ☐ ☐	Erections	↑↑ **Frequency**	☐ ☐ ☐ ☐ ☐

⇓ Melatonin deficiency complaints⇓

Difficulty falling back asleep	**First 4 hours of the night**	☐ ☐ ☐ ☐ ☐	**Superficial, agitated sleep**	☐ ☐ ☐ ☐ ☐
	Last 4 hours of the night	☐ ☐ ☐ ☐ ☐	Worrying, anxious thoughts at night	☐ ☐ ☐ ☐ ☐

⇑ Melatonin excess complaints⇑

3-hour deep sleep then waking up wide awake	☐ ☐ ☐ ☐ ☐	Heavy head in the morning	☐ ☐ ☐ ☐ ☐

⇓ Vasopressin deficiency complaints ⇓

Short- and long-term memory loss[3]	☐ ☐ ☐ ☐ ☐	**Frequent daytime urination** (pollakiuria)[2]	☐ ☐ ☐ ☐ ☐
Exagerated thirst feeling[3]	☐ ☐ ☐ ☐ ☐	Frequently urinating large urine volumes (polyuria)[2]	☐ ☐ ☐ ☐ ☐
Polydipsia (need to drink > 2L/day)	☐ ☐ ☐ ☐ ☐	**Need to urinate 2 or more times at night** (nycturia)	☐ ☐ ☐ ☐ ☐

⇓ Oxytocin deficiency complaints ⇓

Tendency to isolate socially[1]	☐ ☐ ☐ ☐ ☐	Intellectual		☐ ☐ ☐ ☐ ☐
Avoid social contact (interaction w/others)	☐ ☐ ☐ ☐ ☐	Absence of smile		☐ ☐ ☐ ☐ ☐
↓ **Warm heartedness** ↓ affection	☐ ☐ ☐ ☐ ☐	**Orgasm** (women)- ejaculation (men)	↓ **Frequency**[2]	☐ ☐ ☐ ☐ ☐
Introvert	☐ ☐ ☐ ☐ ☐		↓ **Intensity**	☐ ☐ ☐ ☐ ☐

⇓ MSH deficiency complaints ⇓

White, light-colored skin	☐ ☐ ☐ ☐ ☐	**Men: Erections**	↓ **Frequency**[3]	☐ ☐ ☐ ☐ ☐
Easily sunburn	☐ ☐ ☐ ☐ ☐		↓ **Volume** (hardness)[2]	☐ ☐ ☐ ☐ ☐
Sagging inner sides of the thighs ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐		↓ **Persistence** (duration)[2]	☐ ☐ ☐ ☐ ☐
Intercourse frequency (facultative, non-obligatory question)[2]		Men: Ejaculation	↓ Frequency[3]	☐ ☐ ☐ ☐ ☐

ANAMNESIS

☐ ≥4x/wk	☐ 2-3x/wk	☐ 1x/wk	☐ 1-3x/month	☐ Absent	↓ **Sexual potency for intercourse**	☐ ☐ ☐ ☐ ☐

⇓ Growth hormone deficiency complaints ⇓

Hair	**Thin hair**	☐ ☐ ☐ ☐ ☐			**Low quality of life**	☐ ☐ ☐ ☐ ☐
Skin	**Thin skin**	☐ ☐ ☐ ☐ ☐		**Fatigue**	**Exhaustion**	☐ ☐ ☐ ☐ ☐
Nails	**Longitudinal lines**	☐ ☐ ☐ ☐ ☐			Difficult recovery after efforts	☐ ☐ ☐ ☐ ☐
Face	**Deeply wrinkled face**	☐ ☐ ☐ ☐ ☐			**When in bed >** midnight	☐ ☐ ☐ ☐ ☐
Eyelids	**Droopy eyelids**	☐ ☐ ☐ ☐ ☐			**Sleep needs > 9h**	☐ ☐ ☐ ☐ ☐
Lips	**Thin lips**	☐ ☐ ☐ ☐ ☐		Feeling helpless to face problems		☐ ☐ ☐ ☐ ☐
Gums	**Retracted gums**	☐ ☐ ☐ ☐ ☐		Not sufficiently assertive		☐ ☐ ☐ ☐ ☐
Cheeks	**Sagging cheeks**	☐ ☐ ☐ ☐ ☐		↓ **Self-esteem**		☐ ☐ ☐ ☐ ☐
	Nasolabial folds (nose→ mouth)	☐ ☐ ☐ ☐ ☐				☐ ☐ ☐ ☐ ☐
Jaws	Thin jawbones	☐ ☐ ☐ ☐ ☐		**Mood swings** [1]		☐ ☐ ☐ ☐ ☐
Under chin	**Loose neck skin folds**	☐ ☐ ☐ ☐ ☐		**Anxiety**	Permanent anxiety	☐ ☐ ☐ ☐ ☐
Thin muscles/bones as child		☐ ☐ ☐ ☐ ☐			**Dramatizing**	☐ ☐ ☐ ☐ ☐
Back	**Bowed back** (kyphosis)	☐ ☐ ☐ ☐ ☐			↓ **inner peace**	☐ ☐ ☐ ☐ ☐
Shoulders	Atrophied shoulders	☐ ☐ ☐ ☐ ☐			↓ **self-control**	☐ ☐ ☐ ☐ ☐
Obese	Breasts [3]	☐ ☐ ☐ ☐ ☐		**Sharp verbal retorts**		☐ ☐ ☐ ☐ ☐
	Abdomen [3]	☐ ☐ ☐ ☐ ☐				
	Hips [2]	☐ ☐ ☐ ☐ ☐		**Tendency to isolate socially** [2]		☐ ☐ ☐ ☐ ☐
Abdomen	Droopy abdomen	☐ ☐ ☐ ☐ ☐				
Buttocks	Droopy buttocks [2]	☐ ☐ ☐ ☐ ☐		**Poor appetite for meat**		☐ ☐ ☐ ☐ ☐
Thighs	**Sagging inner sides**	☐ ☐ ☐ ☐ ☐				
Knees	Fatty cushions above	☐ ☐ ☐ ☐ ☐		Feet	**Pain in soles with walking**	☐ ☐ ☐ ☐ ☐

⇑ Growth hormone overdose complaints ⇑

Edema	Swollen nose	☐ ☐ ☐ ☐ ☐	Edema	Swollen hands	☐ ☐ ☐ ☐ ☐
Carpal tunnel syndrome (tingling fingers) [2]		☐ ☐ ☐ ☐ ☐		Swollen **feet**	☐ ☐ ☐ ☐ ☐

+I

Dr HERTOGHE CLINIC

Dehydration

SCORE from no (0) to very strong complaint (+++)	0	±	+	++	+++
Thirst[3]	☐	☐	☐	☐	☐
Dry — Tongue	☐	☐	☐	☐	☐
Dry — Mouth[2]	☐	☐	☐	☐	☐

SCORE	0	±	+	++	+++
Sharp, deep wrinkles	☐	☐	☐	☐	☐
Low water intake (< 1.5 L/day)	☐	☐	☐	☐	☐
High salt intake	☐	☐	☐	☐	☐

Yeast infections, Candidiasis

		0	±	+	++	+++
Hair	**Dandruff**	☐	☐	☐	☐	☐
	Itching	☐	☐	☐	☐	☐
Coated tongue		☐	☐	☐	☐	☐
Bad (yeast-smelling) breath		☐	☐	☐	☐	☐
Skin — **Reddish, peeling spots**	**Face**	☐	☐	☐	☐	☐
	Armpits	☐	☐	☐	☐	☐
	Umbilicus	☐	☐	☐	☐	☐
	Inguinal folds	☐	☐	☐	☐	☐
	Between buttocks	☐	☐	☐	☐	☐
	Between toes	☐	☐	☐	☐	☐
Skin — **Itching**		☐	☐	☐	☐	☐
Alternately constipation and diarrhea		☐	☐	☐	☐	☐

			0	±	+	++	+++
Wo-men	**Leukorrhea**		☐	☐	☐	☐	☐
	Vulva	**Reddish, inflamed**	☐	☐	☐	☐	☐
		Itching	☐	☐	☐	☐	☐
Men	**Scrotum**	**Reddish, inflamed**	☐	☐	☐	☐	☐
		Itching	☐	☐	☐	☐	☐
Intake	Sugar		☐	☐	☐	☐	☐
	Cereal		☐	☐	☐	☐	☐
	Dairy (milk) products		☐	☐	☐	☐	☐

Digestive disorders

		0	±	+	++	+++
Esophageal reflux (acidity)		☐	☐	☐	☐	☐
Stomach	**Acid**	☐	☐	☐	☐	☐
	Heavy	☐	☐	☐	☐	☐
Abdominal	**Upper bloating**	☐	☐	☐	☐	☐
	Middle bloating	☐	☐	☐	☐	☐
	Lower bloating	☐	☐	☐	☐	☐
	Pain	☐	☐	☐	☐	☐
	Cramps	☐	☐	☐	☐	☐

		0	±	+	++	+++
Intestinal gazes	**Malodorous, bad-smelling**	☐	☐	☐	☐	☐
	Non-odorant	☐	☐	☐	☐	☐
Stools	**Hard (constipation)**	☐	☐	☐	☐	☐
	Loose (soft to diarrhea)	☐	☐	☐	☐	☐
	Sticky (on toilet paper)	☐	☐	☐	☐	☐
	Light-colored	☐	☐	☐	☐	☐
	Black-colored	☐	☐	☐	☐	☐
	Blood on the stools	☐	☐	☐	☐	☐

Diet

		0	±	+	++	+++
Paleo diet (fruits, vegetables, meat, fish)		☐	☐	☐	☐	☐
Westernized diet (+refined /junk foods)		☐	☐	☐	☐	☐
Mediterranean diet (grains, oils, fruit, vegetables, fish, poultry)		☐	☐	☐	☐	☐
Vegetarian diet (fruits, grains, vegetables +/ fish/eggs, milk products)		☐	☐	☐	☐	☐
Vegan diet (fruits, grains, nuts, vegetables, no animal products)		☐	☐	☐	☐	☐
Meal frequency: ☐ 1 meal/day ☐ 2/day ☐ 3/day ☐ 4/day ☐ ≥5/day						
Largest protein-rich meal: ☐ Breakfast ☐ Lunch ☐ Supper						
Meal duration: ☐ <15 min/meal ☐ 15-25' ☐ 30-40' ☐ 40-55 ☐ ≥60'						
Food chewing: ☐ <5 chews/ intake ☐ 5-7' ☐ 8-10 ☐ 11-15 ☐ ≥15						
Food cooking	Raw	☐	☐	☐	☐	☐
	Boiling, steaming	☐	☐	☐	☐	☐
	Cooking in oil, butter	☐	☐	☐	☐	☐
	Grilling	☐	☐	☐	☐	☐
	Barbecue	☐	☐	☐	☐	☐
Protein-rich foods	**Meat**	☐	☐	☐	☐	☐
	Fish	☐	☐	☐	☐	☐
	Seafood	☐	☐	☐	☐	☐
	Poultry	☐	☐	☐	☐	☐
	Eggs	☐	☐	☐	☐	☐
Dairy	Butter	☐	☐	☐	☐	☐
	Milk	☐	☐	☐	☐	☐
	Cottage cheese	☐	☐	☐	☐	☐
	Other cheeses	☐	☐	☐	☐	☐
	Yogurt	☐	☐	☐	☐	☐

Water drinking: ☐ 0.5 L ☐ 1L ☐ 1.5 L ☐ 2L ☐ 2.5L ☐ 3L ☐ >3L/day

		0	±	+	++	+++
Caffeine-rich drinks	**Coffee**	☐	☐	☐	☐	☐
	Tea	☐	☐	☐	☐	☐
	Soft Drinks	☐	☐	☐	☐	☐
	Decaffeinated coffee	☐	☐	☐	☐	☐
	Decaffeinated herbal tea	☐	☐	☐	☐	☐
Alcohol	Beer	☐	☐	☐	☐	☐
	Wine	☐	☐	☐	☐	☐
	Strong drinks	☐	☐	☐	☐	☐
Fruit	**Whole fruits**	☐	☐	☐	☐	☐
	Juices	☐	☐	☐	☐	☐
Vegetable	**Fiber-poor** vegetables	☐	☐	☐	☐	☐
	Fiber-rich vegetables	☐	☐	☐	☐	☐
	Juices, soup	☐	☐	☐	☐	☐
Unsprouted & un-soaked (= not immersed in water before) **grains**	White bread	☐	☐	☐	☐	☐
	Whole grain bread	☐	☐	☐	☐	☐
	Muesli	☐	☐	☐	☐	☐
	Porridge	☐	☐	☐	☐	☐
	Pasta	☐	☐	☐	☐	☐
	Rice	☐	☐	☐	☐	☐
Sprouted grains		☐	☐	☐	☐	☐
Nuts	**Un-soaked nuts**	☐	☐	☐	☐	☐
	Soaked nuts	☐	☐	☐	☐	☐
Carbs	Sugar	☐	☐	☐	☐	☐
	Sweets	☐	☐	☐	☐	☐
	Chocolate	☐	☐	☐	☐	☐
	Candies	☐	☐	☐	☐	☐
	Biscuits	☐	☐	☐	☐	☐
	Soft drinks	☐	☐	☐	☐	☐

⇓ Magnesium deficiency complaints ⇓

SCORE from no (0) to very strong complaint (+++)			0	±	+	++	+++
Muscles	Tensed	Neck	☐	☐	☐	☐	☐
		Shoulders	☐	☐	☐	☐	☐
		Lower back	☐	☐	☐	☐	☐
	Cramps	Hands	☐	☐	☐	☐	☐
		Calves	☐	☐	☐	☐	☐
Heart	**Tachycardia** (quick beats)[3]		☐	☐	☐	☐	☐
	Irregular, quick beats		☐	☐	☐	☐	☐

SCORE		0	±	+	++	+++
In **stress** conditions	**Nervous**	☐	☐	☐	☐	☐
	Irritable	☐	☐	☐	☐	☐
	↓ low resistance	☐	☐	☐	☐	☐
Afternoon fatigue		☐	☐	☐	☐	☐
Joint pains	Neck[3]	☐	☐	☐	☐	☐
	Shoulders[3]	☐	☐	☐	☐	☐
	Lower back[3]	☐	☐	☐	☐	☐

⇓ Vitamin A deficiency complaints ⇓

Dry	**Eyes**[3]	☐	☐	☐	☐	☐
	Mouth[3]	☐	☐	☐	☐	☐
Tongue	**Split in the middle**	☐	☐	☐	☐	☐
Lips	**Dry**	☐	☐	☐	☐	☐
	Cracks	☐	☐	☐	☐	☐

Dry, rough skin (follicular keratosis)	**Upper back**	☐	☐	☐	☐	☐
	Upper arms	☐	☐	☐	☐	☐
Night blindness (↓ vision at night)		☐	☐	☐	☐	☐
Cancer[2]	**Previously before: Which?**	*(Name:)…*				
	Actually active: Which?	*(Name:)…*				

⇓ Iron deficiency complaints ⇓

Brittle hair[2]		☐	☐	☐	☐	☐
Brittle fingernails[2]		☐	☐	☐	☐	☐
Memory loss[4]		☐	☐	☐	☐	☐

Fati-gue	**Evening** fatigue	☐	☐	☐	☐	☐
	Falling asleep in front of the TV	☐	☐	☐	☐	☐
	At exercise, sports[2]	☐	☐	☐	☐	☐

Pollution

Brown circles under eyes		☐	☐	☐	☐	☐
Dental amalgam (mercury) fillings		☐	☐	☐	☐	☐
Alcohol abuse		☐	☐	☐	☐	☐
Tobacco smoking	**Active**	☐	☐	☐	☐	☐
	Passive (others smoking)	☐	☐	☐	☐	☐
Marihuana smoking		☐	☐	☐	☐	☐
Job with toxic products: paints-coal-pesticides		☐	☐	☐	☐	☐
Mobile phone: ☐ <5 min/day ☐ 6-15' ☐ 16-30' ☐ 31'-1h ☐ 1-2h ☐ > 2h						

Polluted (plastics, carpets, limes, wood preser-vatives, fumes, Wi-Fi, etc.)	**Home**	Indoor	Chemical	☐ ☐ ☐ ☐ ☐
			Electrical	☐ ☐ ☐ ☐ ☐
		Outdoor		☐ ☐ ☐ ☐ ☐
	Office	Indoor	Chemical	☐ ☐ ☐ ☐ ☐
			Electrical	☐ ☐ ☐ ☐ ☐
		Outdoor		☐ ☐ ☐ ☐ ☐
	Travel	**Car**	Traffic	☐ ☐ ☐ ☐ ☐
			New car<2y	☐ Yes ☐ No
		Plane: ☐ <1hour/month ☐ 1-5h ☐ 6-10h ☐ 10-20h ☐ 21-40h ☐ 40-80 h ☐ >80h/month		

+I
Dr HERTOGHE CLINIC

Personal diseases: Do you have the following disorders?							
Obesity	☐ Yes	Since age	... years	**High cholesterol**	☐ Yes	Since age	... years
Juvenile diabetes	☐ Yes	Since age	... years	**High blood pressure**	☐ Yes	Since age	... years
Maturity-Onset diabetes	☐ Yes	Since age	... years	**Low blood pressure**	☐ Yes	Since age	... years
Thinness	☐ Yes	Since age	... years	**Arteriosclerosis (legs)**	☐ Yes	Since age	... years
Anorexia	☐ Yes	Since age	... years	**Heart Attack**	☐ Yes	At age	... years
Eczema	☐ Yes	Since age	... years	**Rheumatism**	☐ Yes	Since age	... years
Psoriasis	☐ Yes	Since age	... years	**Gout**	☐ Yes	Since age	... years
Acne	☐ Yes	Since age	... years	**Depression**	☐ Yes	Since age	... years
Sinusitis	☐ Yes	Since age	... years	**Autism/schizophrenia**	☐ Yes	Since age	... years
Chronic bronchitis	☐ Yes	Since age	... years	**Migraine**	☐ Yes	Since age	... years
Lung **Emphysema**	☐ Yes	Since age	... years	**Epilepsy**	☐ Yes	At age	... years
Lung **Tuberculosis**	☐ Yes	Since age	... years	**Women: first menstruation**		At age	... years
Stomach Ulcer	☐ Yes	Since age	... years	**Short stature**	☐ Yes		
Gallstones	☐ Yes	Since age	... years	**Early puberty**	☐ Yes	At age	... years
Breast cancer	☐ Yes	Since age	... years	**Delayed puberty**	☐ Yes	At age	... years
Prostate cancer	☐ Yes	Since age	... years	**Alzheimer's dementia**	☐ Yes	Since age	... years
Liver cancer	☐ Yes	Since age	... years	**Parkinson's disease**	☐ Yes	Since age	... years
Colon cancer	☐ Yes	At age	... years	Other: ...	☐ Yes	Since age	... years
Other cancer: …	☐ Yes	At age	... years	Other: ...	☐ Yes	Since age	... years

Personal surgical operations: have you undergone the following operations?							
Tonsil removal	☐ Yes	At age	... years	Hip-joint replacement	☐ Yes	At age	... years
Nasal polyp removal	☐ Yes	At age	... years	Knee-joint replacement	☐ Yes	At age	... years
Breast tumor removal	☐ Yes	At age	... years	Hysterectomy	☐ Yes	At age	... years
Prostate removal	☐ Yes	At age	... years	Other: **...**	☐ Yes	At age	... years

Family diseases: Mention below which of the above-mentioned disorders/surgeries your family members have or had

		Disease or surgery 1	Disease or surgery 2	Disease or surgery 3	If died: at what age?
Mother					
Grandmother (mother of mother)					
Grandfather (father of mother)					
Father					
Grandmother (mother of father)					
Grandfather (father of father)					
Sister 1					
Sister 2					
Sister 3					
Brother 1					
Brother 2					
Brother 3					
Daughter 1	Age:				
Daughter 2	Age:				
Daughter 3	Age:				
Son 1	Age:				
Son 2	Age:				
Son 3	Age:				

Between 0 and 10 years old: Please complete the following information								
Birth weight: kg		**Diseases**						
Age of **first tooth**		years	Age of **first walking**		years	Age of **first talking**		years
Frequent infections	☐ Nose		☐ Sinusitis		☐ Pneumonia			
	☐ Throat		☐ Tonsillitis		☐ Primary tuberculosis			
	☐ Ear		☐ Bronchitis		☐ Other:			
Use of antibiotics?	☐ Never		☐ Rarely		☐ Often			
Other surgical operations?								
Physical development? Growth?	☐ Slow		☐ Normal		☐ Fast			
School results	☐ good ☐ Poor							
Teeth Condition?								
Accidents								
Referral	You were referred by a	☐ a member of your family ☐ an acquaintance ☐ a doctor						
Your medical doctor	**Name**				**Country**			
	Address				**City & Postal code**			
	Email							
	Phone							

Do you want us to inform you family doctor? ☐ YES ☐ NO Thank you for filling the information