FOLLOW-UP

Your name & other details (Please fill in the information below in the spaces with yellow background)				Date	…
First name		**Family name**		**Age**	…y.o

Your health	How do you feel	☐ Very good ☐ Good ☐ Average ☐ Unwell ☐ Very unwell	
Improvements since the last consultation?	Improvement 1		Since ….
	Improvement 2		Since ….
	Improvement 3		Since ….
	Improvement 4		Since ….
Main complaints currently	Complaint 1		Since ….
	Complaint 2		Since ….
	Complaint 3		Since ….
	Complaint 4		Since ….
	Complaint 5		Since ….

Supplement (s) currently taken (names, doses and how long you have been taking them)

The supplementation program was fully followed (including at the prescribed doses) ☐ Yes ☐ No

If changes, indicate supplements that have not been taken, stopped or taken in a different dose than prescribed

Thyroid	**Which ?**	☐ Yes, dose:	.. mg	☐ Not taken ☐ Stopped	Transdermal testosterone	☐ Yes, dose	.. mg	☐ Not taken ☐ Stopped	
Hydrocortisone	Derivative :…	☐ Yes, dose:	.. mg	☐ Not taken ☐ Stopped	Testosterone injection (intramusc).	☐ Yes, dose	.. mg	☐ Not taken ☐ Stopped	
DHEA		☐ Yes, dose:	.. mg	☐ Not taken ☐ Stopped	Oestrogel, oestrodose	☐ Yes, dose	.. mg		
Fludrocortisone, aldosterone		☐ Yes, dose:	.. mg	☐ Not taken ☐ Stopped	Utrogestan	☐ Yes, dose	.. mg		
Desmopressin					Duphaston	☐ Yes, dose	.. mg		
Melatonin, sublingual		☐ Yes, dose:	.. mg	☐ Not taken ☐ Stopped	Growth hormone	☐ Yes, dose	.. mg	☐ Not taken ☐ Stopped	
Melatonin, oral		☐ Yes, dose:	.. mg	☐ Not taken ☐ Stopped	IGF-1 (Increlex)	☐ Yes, dose	.. mg	☐ Not taken ☐ Stopped	
Other :		☐ Yes, dose:	.. mg	☐ Not taken ☐ Stopped	Other :	☐ Yes, dose	.. mg	☐ Not taken ☐ Stopped	
Other :		☐ Yes, dose:	.. mg	☐ Not taken ☐ Stopped	Other :	☐ Yes, dose	.. mg	☐ Not taken ☐ Stopped	
Other :		☐ Yes, dose:	.. mg	☐ Not taken ☐ Stopped	Other :	☐ Yes, dose	.. mg	☐ Not taken ☐ Stopped	

YOUR HEALTH in details: Please answer by ticking 1 box / question ☐ OR in the yellow space provided for the answer

⇓ Thyroid deficiency complaints ⇓

SCORE (from no (0) to very strong complaint (+++))	**0**	**±**	**+**	**++**	**+++**	**SCORE**	**0**	**±**	**+**	**++**
Overweight body	☐	☐	☐	☐	☐	**Morning fatigue**	☐	☐	☐	☐	☐
Diffuse hair loss (all over head)	☐	☐	☐	☐	☐	**Slowness** (morning)	☐	☐	☐	☐	☐
Brittle fingernails	☐	☐	☐	☐	☐	**Depression** (morning)	☐	☐	☐	☐	☐
Puffy face	☐	☐	☐	☐	☐	**Headache** Diffuse (all over the head)	☐	☐	☐	☐	☐
Swollen lower eyelids	☐	☐	☐	☐	☐	**Ear sizzling sounds** (tinnitus)	☐	☐	☐	☐	☐
Tendency to **gain weight**	☐	☐	☐	☐	☐	**Morning stiffness**	☐	☐	☐	☐	☐
Cold **Excessive sensitivity to cold**	☐	☐	☐	☐	☐	**Diffuse pains** (arthralgia)	☐	☐	☐	☐	☐
Cold **Cold hands**	☐	☐	☐	☐	☐	**Constipation**	☐	☐	☐	☐	☐
Cold **Cold feet**	☐	☐	☐	☐	☐	Muscle cramps at night: Calves	☐	☐	☐	☐	☐
Dry skin on the elbows	☐	☐	☐	☐	☐	Muscle cramps at night: Feet	☐	☐	☐	☐	☐

⇑ Thyroid excess complaints ⇑

Underweight body (despite ↑ food intake)	☐	☐	☐	☐	☐	**Nervous**	☐	☐	☐	☐	☐
Exaggerated appetite	☐	☐	☐	☐	☐	**Quick palpitation (Tachycardia)**	☐	☐	☐	☐	☐
Constant hot feeling	☐	☐	☐	☐	☐	**Excessive anxieties**	☐	☐	☐	☐	☐
Diffuse sweating (hair, face, trunk)	☐	☐	☐	☐	☐	**Insomnia** (all night)	☐	☐	☐	☐	☐

⇓ Cortisol deficiency complaints ⇓

Pigment spots	☐	☐	☐	☐	☐	In **stress** conditions: **↓ low resistance**	☐	☐	☐	☐	☐
Dermatitis, eczema, psoriasis (face)	☐	☐	☐	☐	☐	In **stress** conditions: **Fatigue ↓ punch**	☐	☐	☐	☐	☐
Allergies Skin	☐	☐	☐	☐	☐	In **stress** conditions: **Emotional outbursts**	☐	☐	☐	☐	☐
Allergies **Nose**	☐	☐	☐	☐	☐	In **stress** conditions: Easily confused	☐	☐	☐	☐	☐
Allergies **Throat**	☐	☐	☐	☐	☐	**Sweet cravings**	☐	☐	☐	☐	☐
Allergies **Medication intolerance**	☐	☐	☐	☐	☐	**Gut**: Gastritis					
Joint pains (arthralgia) Shoulders	☐	☐	☐	☐	☐	**Gut**: Enteritis/colitis	☐	☐	☐	☐	☐
Joint pains (arthralgia) Hands	☐	☐	☐	☐	☐	**Gut**: **Abdominal pains**	☐	☐	☐	☐	☐

⇑ Cortisol excess complaints ⇑

Moon face	☐	☐	☐	☐	☐	Hyper agitated	☐	☐	☐	☐	☐
High blood pressure	☐	☐	☐	☐	☐	Insomnia	☐	☐	☐	☐	☐

FOLLOW-UP

⇓ Aldosterone deficiency complaints ⇓

SCORE (from no (0) to very strong complaint (+++))	0	±	+	++	+++	SCORE	0	±	+	++	+++
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)	☐	☐	☐	☐	☐

⇑ Aldosterone excess complaints ⇑

Swollen Feet (in late afternoon, evening	☐	☐	☐	☐	☐	**High blood pressure**	☐	☐	☐	☐	☐

⇓ DHEA deficiency complaints ⇓

Body hair **Armpit hair loss**	☐	☐	☐	☐	☐	**Dry** **Dry eyes**	☐	☐	☐	☐	☐
Pubic hair loss	☐	☐	☐	☐	☐						

⇑ DHEA excess complaints ⇑

Acne	☐	☐	☐	☐	☐	**Scalp hair loss** (women)	☐	☐	☐	☐	☐

⇓ Insulin deficiency complaints ⇓

Emaciated (thin) **face**	☐	☐	☐	☐	☐	**Droopy** Triceps	☐	☐	☐	☐	☐
Thin (↓ fat & muscles)	☐	☐	☐	☐	☐	Buttocks	☐	☐	☐	☐	☐

⇑ Insulin excess complaints ⇑

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

⇓ Thymosin-alpha-1 deficiency complaints ⇓

Recurrent infections **Ears** (otitis)	☐	☐	☐	☐	☐	**Chronic infections** **Lyme disease**	☐	☐	☐	☐	☐
Nose (cold)	☐	☐	☐	☐	☐	**Epstein-Barr** (mononucleosis)	☐	☐	☐	☐	☐
Throat (pharyngitis)	☐	☐	☐	☐	☐	**Therapy-resistant acne**	☐	☐	☐	☐	☐
Bronchitis	☐	☐	☐	☐	☐	**Hepatitis B**	☐	☐	☐	☐	☐
Herpes **Lips** (herpes labialis)	☐	☐	☐	☐	☐	Cancer **Currently – type ?**	*Name*				
Genital (h. genitalis)	☐	☐	☐	☐	☐						

⇓ Low Testosterone & Estrogen complaints ⇓

Pale-face	☐	☐	☐	☐	☐	**Permanent fatigue** (whole day)	☐	☐	☐	☐	☐
Dry eyes	☐	☐	☐	☐	☐	**Permanent depression** (whole day)	☐	☐	☐	☐	☐
Joint pains (arthralgia) **Neck** (cervical)	☐	☐	☐	☐	☐	**Memory loss**	☐	☐	☐	☐	☐
Middle or lower back (dorsal)	☐	☐	☐	☐	☐	**Hot flushes** (face, upper chest)	☐	☐	☐	☐	☐
Knees	☐	☐	☐	☐	☐	**Sweat outbursts** (face, upper chest)	☐	☐	☐	☐	☐
Heart pains at stress/exercise	☐	☐	☐	☐	☐	**Sexual** ↓ **Low desire** (libido)	☐	☐	☐	☐	☐
Urinary incontinence	☐	☐	☐	☐	☐	↓ **Low potency** (orgasm)	☐	☐	☐	☐	☐

⇓ Testosterone deficiency complaints ⇓

Arm Muscles ↓ Muscle strength	☐	☐	☐	☐	☐	Bruising (proneness to)	☐	☐	☐	☐	☐
↓ Muscle volume	☐	☐	☐	☐	☐	**Quickly tired** when exercizing/doing sport	☐	☐	☐	☐	☐
Obese **Hips**	☐	☐	☐	☐	☐	**Excessive emotions**	☐	☐	☐	☐	☐
Thighs: Cellulite	☐	☐	☐	☐	☐	**Excessive hesitations, worrying**	☐	☐	☐	☐	☐

WOMEN only: ⇓ Estrogen deficiency complaints ⇓

Upper scalp (vertex) **hair loss**	☐	☐	☐	☐	☐	**Menstrual cycles** ☐ **Regular**: 27-31 days					
Hair appearing in the face	☐	☐	☐	☐	☐	☐ **Short**: ≤ 26 days ☐ **Long** ≥ 32 days					
Droopy breasts (ptosis)	☐	☐	☐	☐	☐	☐ **Alternatively, short/long cycles**					
						Menstruation ☐ **No mens.** >6 months **Poor menst.**	☐	☐	☐	☐	☐
Bladder infections (cystitis)	☐	☐	☐	☐	☐	**Depressed** (during menstr.)	☐	☐	☐	☐	☐
Dry vagina	☐	☐	☐	☐	☐	**Headaches** (during menstr.)	☐	☐	☐	☐	☐
Dyspareunia (painful intercourse)	☐	☐	☐	☐	☐	**Intermittent violent cramps** (spasmodic dysmenorrhea)	☐	☐	☐	☐	☐

WOMEN only: ⇓ Progesterone deficiency complaints ⇓

Before menstruation: PMS (premenstrual syndrome) **Painfully swollen breasts**	☐	☐	☐	☐	☐	**During menstruation (PMT)** **Heavy blood loss** (menorrhagia)	☐	☐	☐	☐	☐
Irritability	☐	☐	☐	☐	☐	**Constantly painful** (Constant dysmenorrhea)	☐	☐	☐	☐	☐

FOLLOW-UP

MEN only: ⇑ Estrogen excess ⇓ Progesterone deficiency complaints ⇑

SCORE (from no (0) to very strong complaint (+++))		0	±	+	++	+++	SCORE		0	±	+	++	+++
Erections	↓ Morning erection	☐	☐	☐	☐	☐	Prostate	**Difficulty to urinate** (dysuria)	☐	☐	☐	☐	☐
	↓ **Frequency**	☐	☐	☐	☐	☐		**Painful urination** (mictalgia)	☐	☐	☐	☐	☐

⇑ Testosterone excess complaints ⇑

Red face		☐	☐	☐	☐	☐	**Impatient, dominant**		☐	☐	☐	☐	☐
Oily hair		☐	☐	☐	☐	☐	**Libido excess**		☐	☐	☐	☐	☐
Acne		☐	☐	☐	☐	☐	Erections	↑↑ **Frequency** (men only)	☐	☐	☐	☐	☐

⇓ 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 ⇓

Polydipsia (need to drink > 2L/day)		☐	☐	☐	☐	☐	**Frequent daytime urination** (pollakiuria)		☐	☐	☐	☐	☐
Frequently urinating large urine volumes (polyuria) [2]		☐	☐	☐	☐	☐	**Need to urinate 2 or more times at night** (nycturia)		☐	☐	☐	☐	☐

⇓ Oxytocin deficiency complaints ⇓

Avoid social contact (interaction w/others)		☐	☐	☐	☐	☐	Absence of smile		☐	☐	☐	☐	☐
↓ **Warm heartedness** ↓ affection		☐	☐	☐	☐	☐	Orgasm (men/women)	↓ **Frequency**	☐	☐	☐	☐	☐

⇓ MSH deficiency complaints ⇓

Easily sunburn		☐	☐	☐	☐	☐	**Men: Erections**	↓ **Volume** (hardness)	☐	☐	☐	☐	☐
Intercourse frequency (facultative, non-obligatory question)								↓ **Persistence** (duration)	☐	☐	☐	☐	☐
☐ ≥4x/week ☐ 2-3x/ week ☐ 1x/ week ☐ 1-3x/month ☐ Absent								↓ **Sexual potency for intercourse**	☐	☐	☐	☐	☐

⇓ Growth hormone deficiency complaints ⇓

Hair	**Thin hair**	☐	☐	☐	☐	☐	**Fati-gue**	**Exhaustion**	☐	☐	☐	☐	☐
Skin	**Thin skin**	☐	☐	☐	☐	☐		**Tired when in bed after** midnight	☐	☐	☐	☐	☐
Cheeks	**Sagging cheeks**	☐	☐	☐	☐	☐		**Sleep needs > 9h**	☐	☐	☐	☐	☐
	Nasolabial folds (nose→ mouth)	☐	☐	☐	☐	☐	Feeling helpless to face problems		☐	☐	☐	☐	☐
Abdomen	Obese abdomen	☐	☐	☐	☐	☐	**Mood swings**		☐	☐	☐	☐	☐
	Droopy abdomen	☐	☐	☐	☐	☐	**Anxiety**	Permanent anxiety	☐	☐	☐	☐	☐
Knees	Fatty cushions above	☐	☐	☐	☐	☐		↓ **inner peace**	☐	☐	☐	☐	☐

⇑ Growth hormone overdose complaints ⇑

Edema	Swollen **nose**	☐	☐	☐	☐	☐	**Edema**	Swollen **hands** (constantly : day & night)	☐	☐	☐	☐	☐
Carpal tunnel syndrome (tingling fingers)		☐	☐	☐	☐	☐		Swollen **feet** (constantly : day & night)	☐	☐	☐	☐	☐

⇓ Magnesium deficiency complaints ⇓

Tensed muscles in Lower back		☐	☐	☐	☐	☐	**Afternoon fatigue**		☐	☐	☐	☐	☐
Cramps – calves		☐	☐	☐	☐	☐	**Irritable in stress conditions**		☐	☐	☐	☐	☐

⇓ Vitamin A deficiency complaints ⇓

Lips	**Dry**	☐	☐	☐	☐	☐	**Dry, rough skin** (follicular keratosis)	**Upper back**	☐	☐	☐	☐	☐
	Cracks	☐	☐	☐	☐	☐		**Upper arms**	☐	☐	☐	☐	☐
Split in the middle of the tongue		☐	☐	☐	☐	☐	**Night blindness** (↓ vision at night)		☐	☐	☐	☐	☐

⇓ Iron deficiency complaints ⇓

Brittle hair		☐	☐	☐	☐	☐	**Fatigue**	**Evening** fatigue	☐	☐	☐	☐	☐
Brittle fingernails		☐	☐	☐	☐	☐		**Falling asleep in front of the TV**	☐	☐	☐	☐	☐

Yeast infections, Candidiasis

Hair	**Dandruff**	☐	☐	☐	☐	☐	**Itching on the skin**		☐	☐	☐	☐	☐
	Itching	☐	☐	☐	☐	☐	Constant pressure on the head		☐	☐	☐	☐	☐
SKIN Reddish, peeling spots	**Armpits**	☐	☐	☐	☐	☐	Women	White vaginal discharge	☐	☐	☐	☐	☐
	Inguinal folds	☐	☐	☐	☐	☐	**Vulva**	**Reddish, inflamed**	☐	☐	☐	☐	☐
	Between toes	☐	☐	☐	☐	☐		**Itching**	☐	☐	☐	☐	☐

Pollution

Mobile phone: ☐ <5 min/day ☐ 6-15' ☐ 16-30' ☐ 31'-1h ☐ 1-2h ☐ > 2h							Travel	**Car**	Traffic	☐	☐	☐	☐	☐
									New car<2y	☐ Yes		☐ No		
Tobacco	**Active**	☐	☐	☐	☐	☐	**Plane**: ☐ <1h/month ☐ 1-5h ☐ 6-10h ☐ 10-20h ☐ 21-40h						

FOLLOW-UP

smoking				☐ 40-80 h ☐ >80h/month

Dehydration

SCORE (from no (0) to very strong complaint (+++))		0	±	+	++	+++
Dry	Tongue	☐	☐	☐	☐	☐
	Mouth	☐	☐	☐	☐	☐
Low water intake (< 1.5 L/day)		☐	☐	☐	☐	☐
High salt intake		☐	☐	☐	☐	☐

Digestive disorders

Esophageal reflux (acidity)		☐	☐	☐	☐	☐
Stomach	**Acid**	☐	☐	☐	☐	☐
	Heavy	☐	☐	☐	☐	☐
Abdomen	Upper bloating	☐	☐	☐	☐	☐
	Middle bloating	☐	☐	☐	☐	☐
	Lower bloating	☐	☐	☐	☐	☐
	Pain	☐	☐	☐	☐	☐
	Cramps	☐	☐	☐	☐	☐
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

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						

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

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	☐	☐	☐	☐	☐

Food cooking	Raw	Juices, soup				
	Boiling, steaming	☐	☐	☐	☐	☐
	Cooking in oil, butter	☐	☐	☐	☐	☐
	Grilling	☐	☐	☐	☐	☐
	Barbecue	☐	☐	☐	☐	☐
Protein-rich foods	**Meat**	☐	☐	☐	☐	☐
	Fish	☐	☐	☐	☐	☐
	Seafood	☐	☐	☐	☐	☐
	Poultry	☐	☐	☐	☐	☐
	Eggs	☐	☐	☐	☐	☐
Dairy	Butter	☐	☐	☐	☐	☐
	Milk	☐	☐	☐	☐	☐
	Cottage cheese	☐	☐	☐	☐	☐
	Other cheeses	☐	☐	☐	☐	☐
	Yogurt	☐	☐	☐	☐	☐
						Juice, soups ☐ ☐ ☐ ☐ ☐
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 ☐ ☐ ☐ ☐ ☐

Diseases: Have you had a new illness or been operated on since the last consultation? If yes, please fill in the blanks?

Disease / operation		Since	… months

Thank you for filling the information