

Please complete this form; circle or write your answers using a BLACK pen.

**Your top 3 health concerns:**

**Medication / Supplements you are taking:**  
(exclude NeuroScience products)

**Menstrual Status:**  
(women only)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date last period started: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Avg. number of days in your cycle: \_\_\_\_\_  
Regular cycles: \_\_\_\_\_  
Irregular cycles: \_\_\_\_\_

**Are you or a housemate taking hormones:**

Oral Patch Cream  
Me House-mate

**NeuroScience products you are taking:**  
(capsules or sprays)

**Does it make you feel better?**

Product name	morning	afternoon	evening	bedtime	Does it make you feel better?		
Estradiol (E2)	1 2 3 4+	1 2 3 4+	1 2 3 4+	1 2 3 4+	Unsure	Yes	No
Estriol (E3)	1 2 3 4+	1 2 3 4+	1 2 3 4+	1 2 3 4+	Unsure	Yes	No
Progesterone	1 2 3 4+	1 2 3 4+	1 2 3 4+	1 2 3 4+	Unsure	Yes	No
Testosterone	1 2 3 4+	1 2 3 4+	1 2 3 4+	1 2 3 4+	Unsure	Yes	No
DHEA	1 2 3 4+	1 2 3 4+	1 2 3 4+	1 2 3 4+	Unsure	Yes	No
Melatonin	1 2 3 4+	1 2 3 4+	1 2 3 4+	1 2 3 4+	Unsure	Yes	No

**General**  
**In the past two weeks**  
**have you experienced:**

Not at all  
Somewhat  
Very often

**Test-Specific**  
**In the past two weeks**  
**have you experienced:**

Not at all  
Somewhat  
Very often

**Medical History**  
**Have you ever been diagnosed with:**

Yes  
No

Anxiety	1 2 3	1 2 3	Stress or worry	1 2 3	ADD / ADHD	Y N
Feeling panicked or frightened	1 2 3	1 2 3	Feeling frightened or nervous	1 2 3	Allergies (Pet, Seasonal, Food, etc.)	Y N
Irritability	1 2 3	1 2 3	Feeling wound up	1 2 3	Alzheimer's Disease	Y N
Feeling hyper or revved up	1 2 3	1 2 3	Making mistakes	1 2 3	Anxiety / Obsessive Compulsive	Y N
Feeling fidgety or restless	1 2 3	1 2 3	Racing thoughts	1 2 3	Arthritis	Y N
Sadness	1 2 3	1 2 3	Anger	1 2 3	Asthma	Y N
Feeling worthless or hopeless	1 2 3	1 2 3	Guilt	1 2 3	Autism / Asperger's Syndrome	Y N
Loss of interest in things you enjoyed	1 2 3	1 2 3	Feeling isolated and alone	1 2 3	Bacterial/Viral/Fungal Infection	Y N
Lack of energy or endurance	1 2 3	1 2 3	Feeling hopeless	1 2 3	Cardiovascular issues	Y N
Feeling unrefreshed or tired	1 2 3	1 2 3	Mood swings	1 2 3	Celiac Disease	Y N
Low sexual desire	1 2 3	1 2 3	Cold spells	1 2 3	Depression	Y N
Sexual issues	1 2 3	1 2 3	Generalized pain	1 2 3	Fibromyalgia	Y N
Hot flashes	1 2 3	1 2 3	Sore or painful muscles	1 2 3	High Blood Pressure	Y N
Night sweats	1 2 3	1 2 3	Skin rash	1 2 3	IBS / IBD / Crohn's Disease	Y N
Headaches or migraines	1 2 3	1 2 3	Confusion	1 2 3	Insomnia	Y N
Pain or stiffness	1 2 3	1 2 3	Inability to recall recent events	1 2 3	Lyme Disease	Y N
Achy joints	1 2 3	1 2 3	Unable to focus on what is being said	1 2 3	Metabolic Syndrome	Y N
Diarrhea	1 2 3	1 2 3	Sloppiness or carelessness	1 2 3	Migraines	Y N
Gas or bloating	1 2 3	1 2 3	Binge eating	1 2 3	Parkinson's Disease	Y N
Intestinal pain or cramping	1 2 3	1 2 3	Impulsive behavior	1 2 3	Prostate Cancer	Y N
Constipation	1 2 3	1 2 3	Repetitive behavior	1 2 3	Restless legs syndrome	Y N
Heartburn or acid reflux	1 2 3	1 2 3	Needing to check things over and over	1 2 3	Thyroid Disorder	Y N
Inability to lose weight	1 2 3	1 2 3	Eating because you feel stressed	1 2 3	Type II Diabetes	Y N
Weight gain	1 2 3	1 2 3	Feeling overwhelmed	1 2 3	<b>Other:</b>	
Food cravings	1 2 3	1 2 3	Inability to stay on top of things	1 2 3	_____	
Difficulty falling asleep	1 2 3	1 2 3	Other people's expectations	1 2 3	_____	
Difficulty staying asleep	1 2 3	1 2 3	Having too much responsibility	1 2 3	_____	
Restless sleep	1 2 3	1 2 3	Your health issues being physical	1 2 3	_____	
Dizziness	1 2 3	1 2 3	Your health issues being stress-related	1 2 3	_____	
Brain fog	1 2 3	1 2 3	<b>Do the following apply to you:</b>			
Lack of focus	1 2 3	1 2 3	(Past or Present)	Yes No		
Forgetfulness or poor memory	1 2 3	1 2 3	Hair loss	Y N		
Disruptions to your routine by others	1 2 3	1 2 3	Exercise once a week or less	Y N		
Restless legs syndrome	1 2 3	1 2 3	Exercise five times a week or more	Y N		
			Dieting failures	Y N		
			Slow metabolism	Y N		

