



## Confidential Medical History Questionnaire

1. Name:
2. Today's date:
3. Full address (street, city, state, zip code):
4. Phone number (home and cell):
5. Email address:
6. Occupation:
7. Age:
8. Date of birth:
9. Gender:
10. Marital status (Single, Married, Divorced, Widowed, Co-habitant):
11. Primary care physician name, address, phone number:
12. Date of last physical examination:
13. What were the findings of the examination?



14. (For males) Have you had a prostate examination?
15. (For males) Have you had a PSA test performed? What was the result?
16. List all past or current medical conditions or illnesses:
  
17. List any psychiatric or psychological diagnosis:
  
18. List all past surgeries or surgical procedures, including tonsillectomy, appendectomy, coronary catheterization, etc:
  
19. Have you had any form of cancer?
20. Have you ever been hospitalized? If so, list date(s) and reason(s):
  
21. List all current medications and those within the past year. Please list dosages:



22. List all current nutritional supplements and those within the past year. Please list amounts or dosages:

23. List any medication or food allergies/intolerances:

24. Do any of your relatives have any of the following conditions?

Stroke\_\_\_\_\_ High Blood Pressure\_\_\_\_\_ High cholesterol\_\_\_\_\_ Heart disease\_\_\_\_\_

High triglycerides\_\_\_\_\_ Diabetes\_\_\_\_\_ Low or high thyroid\_\_\_\_\_ Cancer\_\_\_\_\_

Blood disease\_\_\_\_\_ Mental disorders\_\_\_\_\_

25. Other family illnesses:

26. How much do you smoke, or how much did you smoke in the past? How long have you smoked and when did you quit?

27. How much alcohol do you consume daily or weekly?

28. Do you use or have you used any illicit drugs, including marijuana? How often?

29. Are you currently using or have you used anabolic hormones, including human growth hormone?



### **QUESTIONS FOR ANABOLIC HORMONE CONSULTATION**

30. List your current steroid cycle, including dosages:

31. List any past steroid cycles, including dosages:

32. List any current or past human growth hormone cycles:

33. List any current or past ancillary drug use such as clomiphene, arimidex, hCG, finasteride, etc:

34. When was your first anabolic hormone cycle?

35. How long is your typical cycle and how long is your normal break between cycles?



36. Describe any side effects or adverse reactions experienced from the use of anabolic hormones or ancillary medications:

37. How many days per week do you exercise?

38. How long is a typical session?

39. What is your normal exercise routine?

40. Are you vegetarian or vegan?

41. What are your primary sources of protein?

42. What are your primary sources of carbohydrates?

43. What are your primary sources of fats?

44. Do you consume caffeinated beverages?

### **GENERAL QUESTIONS**

45. Have you experienced menopause?

46. Are you pregnant?

47. Are you currently nursing?

48. Do you have heat or cold intolerance?



- 49. Have you experienced muscle loss or wasting (sarcopenia)?
- 50. Decrease muscular strength?
- 51. Decreased sex drive?
- 52. Do you awaken at night to urinate?
- 53. Experiencing decreased energy or endurance?
- 54. Thinning or loss of hair?
- 55. Difficulty falling asleep or remaining asleep?
- 56. Developed osteoporosis (loss of bone mass, brittle bones)?
- 57. Is your overall mental attitude upbeat, steady, or depressed?

I HAVE COMPLETED THE CONFIDENTIAL MEDICAL HISTORY QUESTIONNAIRE TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT MY ANSWERS ARE COMPLETE, HONEST, AND TRUE.

NAME

DATE