

PERSONAL HISTORY INTAKE INFORMATION

Today's Date: 5/11/2020
First Name: CARMINE Last Name: PECORARO Birth Date: 04/04/1932 Age: 88
Marital Status: _____ Level of Education: BSAE
Occupation: RETIRED Retired? ☒ Yes ☐ No

Your Primary Care Provider:
Name: DR. EPIRD Phone: 206 386 9505
Date of Last Physical: MARCH 2019

Active Medical Problems:

SORE UPPER THIGH

Prescription & over the counter medications you are currently taking (include doses):

ATORVASTATIN 20mg 1/DAY, TAMUSULOSIN 0.4mg 1/DAY
TADAFIL 5mg 1/DAY, CLARITIN 1/DAY, TYLENOL 4/DAY
MELATONIN 5mg 1/DAY,

Allergies – Drugs:

SULFUR DRUG

Allergies – Foods & Other:

NEWSPRINT

Nutrients/Supplements you are currently taking & current amount:

FISH OIL 1000 mg 2/DAY
METAMUCIL 4/DAY
GLUCOSAMINE HCL 1500mg 2/DAY
HAIR, SKIN & NAILS 5000mcg 2/DAY

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PATIENT GOAL SHEET

Please pick your top 10 goals for which areas you would like to work on. Rank them with 1 being the highest priority and 10 being the lowest priority using each number only once.

_____ Lose Weight

2 Increase Strength/Muscle

1 Improve Libido/Sexual Function

_____ Lower Diabetic Risk

_____ Improve Diabetes Control

_____ Lower Blood Pressure

6 Improve Cholesterol Levels

_____ Treat Menopausal Symptoms

_____ Improve Mental Function

3 Improve Fatigue

4 Lower Dementia Risk

5 Lower Cancer Risk

_____ Improve Sleep

7 Decrease Pain

_____ Balance Hormones

8 Increase Energy

9 Increase Stamina

10 Improve Memory

_____ Increase Bone Density

_____ Improve Skin Appearance

Other areas of your health you would like to improve:

LIKE TO BE ABLE TO WALK MORE

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PATIENT PLAN

Name: Carmine
Pecoraro

Age:

88

☐ Male
☐ Female

Physician:

Date: 5, 13 20

Your **GOALS:** (Top 3 areas you want to see improvement in)

1. Improve Libido
2. Increase Muscle
3. Improve Fatigue
4. Lower Dementia Risk

Your **CURRENT CONDITION:**

Sore upper thigh

Be able to walk more
lots of surgeries ~~over~~ replaced

Your **PLAN MOVING FORWARD:**

Nutrition:

Exercise:

Supplementation:

Hormone Therapy: