

LONGEVITY



MEDICAL CLINIC

Feel Younger · Live Better

PERSONAL HISTORY INTAKE INFORMATION

Name (First, MI, Last): Karen L. Wetmore

Date of Birth: 01 / 17 / 1948 Today's Date: 09 / / 2020 Age: 72

Marital Status: Married Level of Education: High School

Occupation: Homemaker Retired? ☒ Yes ☐ No

Insurance Agent

Your Primary Care Provider:

Name: Thomas T. Siler Phone: _____

Date of Last Physical: 10 / 04 / 2017

Kaiser Permanente

Active Medical Problems:

Hypertension
Fibrocystic disease of breast
Asthma -
Osteoarthritis joint - hips -

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

Ventolin - inhaler - as needed
Simvastatin 20 mg 1 in evening per day
Lisinopril - hydrochlorothiazide - 1 Tab every am
20 mg - 12.5 mg
Aller Tec - Allergy 10 mg Antihistamine

Allergies - Drugs:

Cats
Hay fever

Allergies - Foods & Other:

None known

Nutrients/Supplements you are currently taking & current amount:

Vitamin D - 5000 mg
Zinc 50 mg
magnesium 400 mg
Iodoral - Iodine potassium
12.5 mg

Co Q10 300 mg

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PATIENT GOAL SHEET

Please rank your top 10 health goals. 1 being the **highest priority** and 10 being the **lowest priority** using each number only once.

_____ Lose Weight/Fat

_____ Increase Strength/Muscle

_____ Improve Libido/Sexual Function

_____ Improve Blood Sugar

_____ Improve Skin Appearance/Wrinkles

34 Lower Blood Pressure

_____ Reduce Alopecia/Hair loss

_____ Improve Cholesterol Levels

43 Treat Menopausal Symptoms

5 Improve Mental Function

_____ Improve Fatigue

9 Lower Dementia Risk

10 Lower Cancer Risk

_____ Improve Sleep

_____ Decrease Pain

62 Balance Hormones

1 Increase Energy/Stamina

27 Increase Bone Density

_____ Treat Depression

8 Lower Cardiovascular Risk

76 Reduce Inflammation

Other areas of your health you would like to improve:

Had my right hip replaced - Hoping to not have to
replace the left.