

## PERSONAL HISTORY INTAKE INFORMATION

Name (First, MI, Last):	
Date of Birth:/ Today's Date	e: 09/09/26 Age: 57
Marital Status: Level of Educa	
Occupation: Oct tollo Manager	Retired? Yes No
Your Primary Care Provider:	
Name: SherMAN	Phone: 206-812-9988
Date of Last Physical: /_/_////	2020
Active Medical Problems:	
Prescription & over the counter medications you are  Description & Injection of a second of the seco	Hether Kibal anin
Allergies - Drugs:	Allergies - Foods & Other:
	Dairy
Nutrients/Supplements you are currently taking & of the control of	current amount:  NAgen = 500 mg dally
Pasa soo my 2 x daily	



## PATIENT GOAL SHEET

		Lose Weight/Fat	(p	Lower Dementia Risk
	—	Increase Strength/Muscle	3	Lower Cancer Risk
		Improve Libido/Sexual Function	4	Improve Sleep
		Improve Blood Sugar	_5_	Decrease Pain
	9	Improve Skin Appearance/Wrinkles	**************************************	Balance Hormones
		Lower Blood Pressure	10	Increase Energy/Stamina
5		Reduce Alopecia/Hair loss	<del></del>	Increase Bone Density
		Improve Cholesterol Levels		Treat Depression
	-	Treat Menopausal Symptoms	<del></del>	Lower Cardiovascular Risk
		Improve Mental Function	2	Reduce Inflammation
(	<u>e</u>	Improve Fatigue		