

LONGEVITY



MEDICAL CLINIC

Feel Younger · Live Better

PERSONAL HISTORY INTAKE INFORMATION

Today's Date: _____

First Name: Paul Young Last Name: Younglove Birth Date: 11/26/1952 Age: 67

Marital Status: MARRIED Level of Education: ASSOC DEG

Occupation: INDUSTRIAL MAINTENANCE Retired? ☐ Yes ☒ No

Your Primary Care Provider:

Name: DR. JERRY DURIS Phone: 253-848-5841

Date of Last Physical: 6/2020

Active Medical Problems:

A-Fib - Right hip hurting Pulmonary Hypertension
DR'S SAID I NEED HIP REPLACEMENT

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

POT CHLOE 10 1x PAROXETINE 20mg 1x
ELIQUIS 5mg 2x
METOPROLOL 20mg 3x
SILDENAFIL 20mg 3x
SPINOLACTONE 25mg 1x
TOSEMIDE 20mg 2x

Allergies - Drugs:

NONE

Allergies - Foods & Other:

NONE

Nutrients/Supplements you are currently taking & current amount:

TRANVIT LIFE 2x w meal
TRANVIT BALANCE 1-2x daily
DR BERG K2/D3 100mcg/10,000 IU 2x daily
ARGININE NITRIC OXIDE COMPLEX 2x daily
ASHWAGANDHA 800mg 2x daily
TURMERIC/GINGER 750mg 1x daily

CINNAMON 600mg 1x Daily

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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.

5 Lose Weight/Fat —

4 Increase Strength/Muscle —

2 Improve Libido/Sexual Function —

_____ Improve Blood Sugar

_____ Improve Skin Appearance/Wrinkles

_____ Lower Blood Pressure

_____ Reduce Alopecia/Hair loss

_____ Improve Cholesterol Levels

_____ Treat Menopausal Symptoms

10 Improve Mental Function

_____ Improve Fatigue

8 Lower Dementia Risk —

9 Lower Cancer Risk —

7 Improve Sleep —

1 Decrease Pain —

_____ Balance Hormones

6 Increase Energy/Stamina —

_____ Increase Bone Density

_____ Treat Depression

3 Lower Cardiovascular Risk —

_____ Reduce Inflammation

Other areas of your health you would like to improve:
