



Welcome to Mantality Health. Through our desire to provide you with the most focused and personalized experience, we would like to understand the primary reason that has brought you to the center today. Please take a moment to identify which of the following you are hoping to achieve through your care:

Please assign a numerical value from 1-6 to each goal in order of importance:

	Weight Gain/Loss
	Fatigue
	Results in the Gym
	Mental Acuity (Sharpness)
	Sexual Function/Performance
	Other

Please list your overall goals during treatment:

- _____
- _____
- _____

Describe a time when you were performing at your best:

PATIENT INFORMATION:

How did you hear about us?

Referral: _____ Internet Radio: _____

General Information:

Date: _____ Birth Date: _____ Age: _____
Name: _____ Email: _____
 LAST FIRST MI

Marital Status: Single Married Divorced

Street Address: _____

City: _____ State: _____ Zip: _____
Home Phone: (____) ____-____ Cell Phone: (____) ____-____

May we send you a text message reminder regarding appointments? Yes No
Would you like to receive emails from Mantality? Yes No

Place of Employment: _____ Phone: (____) ____-____

Employer Address: _____

City: _____ State: _____ Zip: _____

Primary Doctor: _____ Phone: (____) ____-____

YES NO Venereal Disease. Explain: _____
 YES NO Do you have any allergies to any medications? If so, list:

Do you currently take any medications? If so, list below:

Medication	Dose	How Often	Reason	Prescribing M.D.

REVIEW OF SYMPTOMS (please check all that apply):

Ears, Nose and Throat:

- Hearing Loss
- Ringing in Ears
- Altered Sense of Smell
- Trouble Swallowing
- Neck Pain/Stiffness

- Headache
- Blurry Vision
- Double Vision
- Visual Changes.

Lungs:

- Nonproductive Cough
- Pain w/ Breathing at Rest
- Pain w/ Breathing with Exertion
- Pain wit Inspiration
- Wheezing
- Coughing up Blood
- Short of Breath w/ Exertion

Genitourinary System:

- Pain with Urination
- Urinary Frequency
- Urinary Infrequency
- Blood in Urine
- Trouble Starting Stream
- Difficulty Stopping Stream
- Erectile Dysfunction

Cardiovascular System:

- Chest Pain/Pressure at Rest
- Chest Pain/Pressure with Exertion
- Heart Palpitations
- Normal Tolerance to Exercise
- Pain in Legs when Walking
- Cold Hands/Feet
- Fainting
- Lightheadedness

Neurological System:

- Headache
- Loss of Sensation in any Part of Body
- Weakness of any Extremity
- Uncontrolled Muscle Movements
- Dizziness
- Problems with Walking
- Speech Disturbance

Hematology (Blood):

- Anemia
- Hemochromatosis

Musculoskeletal System:

- Joint Pain (any Joint)
- Pain in any Muscles
- Muscle Weakness

Allergic:

- Hives

General Constitution:

- Fatigue
- Night Sweats
- Weight Loss
- Weight Gain

Gastrointestinal System:

- Pain with Swallowing
- Abdominal Pain
- Nausea
- Vomiting

Integumentary (Skin) System:

- Rashes

Psychiatric:

- Depressed

Eyes:

Endocrine:

* Mantality reserves the right to send electronic communications to the email address listed above unless noted otherwise.

____ Goiter
____ Appetite Change

____ Heat or Cold Intolerance

Comments:

Patient Signature: _____

Date: _____