

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home#: \_\_\_\_\_

Gender (circle one):    **MALE**                      **FEMALE**

Work#: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

**Although your history and symptoms are very important in our analysis of your condition, it is also important for us that you understand:**

- *We do not treat symptoms or diseases.*
- *Allergy is not a disease, rather a condition.*
- *A symptom is an attempt by your body to tell you something.*
- *We will attempt to find the underlying cause.*
- *We do not use drugs in this program.*
- *There is no single “healthy” diet that will work for everyone.*
- *Just because food is considered “healthy”, does not mean it is “healthy” for you.*
- *Your diet consists of everything you **eat, drink, rub on your skin, or inhale.***
- *Our procedures are safe and painless.*

## Thyroid Patient Condition Survey

[Please Check All Conditions You Experienced or Been Diagnosed with Medically]

1. Hypothyroidism	YES	NO
2. Hyperthyroidism	YES	NO
3. Grave’s Disease	YES	NO
4. Hashimoto’s Disease	YES	NO
5. Fibrocystic Breast Disease	YES	NO
6. Uterine Fibroids	YES	NO
7. Ovarian Fibroids	YES	NO
8. Breast Disease	YES	NO



9. ADD	YES	NO
10. Vaginal Infections	YES	NO
11. Peyronie's Disease	YES	NO
12. Migraine Headaches	YES	NO
13. Headaches	YES	NO
14. Fatigue	YES	NO
15. Dupuytren's Contractures	YES	NO
16. Excess Mucous Formation	YES	NO
17. Hemorrhoids	YES	NO
18. Keloids	YES	NO
19. Parotid Diet Stones	YES	NO
20. Sebaceous Cysts	YES	NO