

# Confidential Medical History Form

*I REALIZE THIS MEDICAL HISTORY FORM IS SOMEWHAT LONG. HOWEVER, IT IS ABSOLUTELY NECESSARY FOR ME TO EVALUATE YOUR GENERAL HEALTH. MAKE SURE TO TAKE A FEW MINUTES TO CAREFULLY AND COMPLETELY ANSWER EVERY QUESTION. FAILING TO DO SO WILL PREVENT ME FROM HELPING YOU AS WELL AS I COULD. DO THE BEST YOU CAN- I WILL FOLLOW-UP WITH ANY QUESTIONS I MAY HAVE. REMEMBER, THIS INFORMATION IS COMPLETELY CONFIDENTIAL.*

Please initial here that you have read the above statement:     \_\_\_

If you can have these blood tests done, our coaching session will be a lot more productive (optional but key information that will help customize the coaching session):

## OPTIMUM REQUIRED LAB WORK

- 1       ----- CAH Panel 6B (Comprehensive Screen) (10299X)
- 2       ----- Estradiol [4021X](13- 54 pg/mL)
- 3       ----- Estrogens, Fractionated, LC/MS/MS (36742X)   (women only)
- 4       ----- Testosterone, Free, Bio/Total (LC/MS/MS) Code: 14966X
- 5       ----- DHEAs
- 6       ----- Comprehensive Metabolic Panel w/EGFR
- 7       ----- CBC w/ diff/PLT
- 8       ----- Lipid profile
- 9       ----- T3, Total
- 10      ----- T4, Total
- 11      ----- Ultrasensitive TSH
- 12      ----- Prostatic Specific Antigen (PSA)

**Will you have a copy of that report and any labs sent to me before our consultation (email: nelsonvergel@gmail.com, or fax 713-529-5303)? \_\_\_\_\_**

Date:

First name:

Middle name:

Last name:

Address:

City:

State:

Zip code:

**Can you describe the primary goal and outcome that you want from this consultation?:**

**Where did you hear about Nelson Vergel?**

**Have you read “Testosterone: A Man’s Guide” or “Built to Survive” and/or watched Nelson’s videos on youtube?**

## **CONTACT INFORMATION**

Email:

Repeat Email Address [to confirm]:

Day time phone:

Night time phone:

## PERSONAL INFORMATION

Birth date:

Age:

Marital Status (Married/Significant Other, Divorced, Single )

Sex:

Height:

Weight:

Waist size:

Neck size:

Have you lost weight in the past 6 month?     If yes, how many pounds?

Have you gained weight in past 6 months?     If yes, how many pounds?

Has your body tone changed in the past 6 months (harder, softer)?

Do you have a primary care physician? (provide name if you want)

Do you have health insurance? (very helpful information)

When was your last complete physical examination?

What were the results of that exam?

(FOR OVER 40) Did you have your prostate examined by digital rectal exam?

(FOR OVER 40) Did you have your PSA checked?

If so, what was it?

Are you taking testosterone now?

If answer to above question is NO, have you taken testosterone in the past? How long and when did you last stop?

## PAST MEDICAL HISTORY

Please indicate if you now have, or have EVER had:

Anemia

Arthritis

Asthma

Blood disease

Bronchitis

Diabetes

Emphysema

Epilepsy

Gout

Hepatitis

Heart disease

High blood pressure

High cholesterol

HIV (if yes, how long?)

Kidney disease

Migraines

Mononucleosis

Pneumonia

Psychological problems

Rheumatic fever

Seizures

Stroke

Thyroid disease

TB

Ulcers

Urinary tract infections

Have you ever had any form of cancer?

If so, please detail:

## **PAST SURGICAL HISTORY**

What surgeries have you had?

Prostatectomy

Hernia repair

Other surgeries (please explain):

Have you ever been hospitalized (other than for the above mentioned surgeries)? If so, please list the reason and give approximate date(s):

## **FAMILY MEDICAL HISTORY**

**Have your brothers and/or sisters, parents or grandparents, ever had (Please tell which family member(s)?**

Heart attack

Diabetes

Kidney disease

Leukemia

Mental disorders

Stroke

Prostate cancer

Other cancer

Please detail ANY of the above:

Are you allergic to anything?

If yes, what?

Do you smoke?

If so, how much each day?

How long have you smoked?

Do you drink alcohol?

How many drinks do you typically have in a week?

Do you use any illicit substances (get high)- confidential and important?

If so, which ones?

## **REVIEW OF SYSTEMS**

**Do you CURRENTLY have (please circle)?:**

Head aches

Vision changes

Hearing changes

Chronic sinusitis

Allergic sinus problems

Any tenderness or sores in your mouth or throat

Bloody noses

Chronic cough

Do you spit up blood?

Shortness of breath

Chest pain

Dizziness

Congestive heart failure

Palpitations

Any form of arrhythmia

Heart murmur

Recurring constipation

Recurring diarrhea

Gallbladder disease

Throw up blood

Blood in your stool or black tarry stool

Hernia

Loss of appetite

Indigestion

Nausea

Vomiting

Night sweats

Jaundice (yellow skin)

Do your eyes look yellow?

Do you have abdominal pain?

If so, please describe and tell where:

Pancreatitis

Do you urinate alright?

How many times do you get up at night to urinate ?

Does it hurt when you urinate?

Is there any blood in your urine?

Have you had prostatitis (prostate/urinary infections) in the past?

Tingling in your fingers or toes

Acne

Describe any acne history:

If you had acne, did you take Accutane? For how long?

If on testosterone now, do you have acne?

Do you ever faint?

Do you have cold intolerance?

Do you bruise easily?

Depression

Anxiety

Decreased sexual potency

If so, is this causing stress in your relationship?

Sleep disturbances



Generalized muscle aches and pains

Joint pain

Back pain

Fatigue

Lethargy

Sensitive or swollen nipples?

Did you have swollen or painful nipples BEFORE you ever used steroids (for Steroid Consult only)?

Can you feel any lumps around your nipples?

Are you losing your hair?

Have you ever taken Propecia or Proscar (finasteride) for hair loss or prostate inflammation?

Were you losing it before you started using steroids (AAS Consult only)? If so, is it  
falling out more quickly now?

## **GENERAL**

Loss of appetite

Unexplained weight loss or weight gain ? which ?

Do you consider yourself to be in good health?

Do you sleep well?

Average hours of sleep per night:

Do you regularly self examine your testicles?

Tell me about your diet (The more details, the better)

Do you exercise?      If yes, what type and how frequently?

Do you feel that you procrastinate a lot and do not have enough mental focus to finish projects?

Are you experiencing a lot of stress lately?      For how long and why?

## **MEDICATIONS**

Do you take any prescription medications or medications bought on the internet or black market?

If so, please list, and give dosages:

What supplements do you take (vitamins, minerals, nutraceuticals, etc.)? List all (with amounts or dosages) each day.

How much water do you usually drink each day?

**QUESTIONS FOR STEROID CONSULT ONLY** (for confidential information only)

Tell me, as accurately as you can which steroids you are going to take, or have taken, for THIS cycle

(Anabolic Consult only):

How many times have you been on a steroid cycle (if any)?

How long ago was your first steroid cycle (if any)?

How long was your break before starting this cycle?

Describe your past usage, if any, of hCG, Nolvadex, Clomid, Arimidex or finasteride:

Have you ever had any problems (side effects) with any of the medications mentioned in the last question. If so, please describe:

**HRT clients only:**

Do you plan on having children?

Do you have a decrease in sex drive?

If the answer to the above is YES, is this affecting your relationship?

Has your strength or endurance decreased?

Are you enjoying life less?

Are you sad or grumpy?

Are your erections less strong?

Has your work performance decreased?

Do you have a hard time recovering from physical activity?

Have you ever been on testosterone replacement before? If yes, what kind of product did you use and for how long?

**SLEEP**

Have you ever been diagnosed with sleep apnea via a sleep study?     If yes, do you use a CPAP machine?

How long did it usually take for you to fall asleep during the past 4 weeks?

(Circle One)

0-15     minutes.....1

16-30 minutes.....2

31-45 minutes.....3

46-60 minutes.....4

More than 60 minutes .....5

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On the average, how many hours did you sleep each night during the past 4 weeks?

Write in number

of hours per night:

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How often during the past 4 weeks did you...

(Circle One Number On Each Line)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
feel that your sleep was not quiet (moving restlessly, feeling tense, speaking, etc., while sleeping)?	1	2	3	4	5	6
get enough sleep to feel rested upon waking in the morning?	1	2	3	4	5	6
awaken short of breath or with a headache?	1	2	3	4	5	6
feel drowsy or sleepy during the day?	1	2	3	4	5	6
have trouble falling asleep?	1	2	3	4	5	6
awaken during your sleep time and have trouble falling asleep again?	1	2	3	4	5	6
have trouble staying awake during the day?	1	2	3	4	5	6
snore during your sleep?	1	2	3	4	5	6
take naps (5 minutes or longer) during the day?	1	2	3	4	5	6
get the amount of sleep you needed?	1	2	3	4	5	6

Is there anything that you want to add or expand upon?

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The information that I will receive in the consultation is for educational purposes only, and is in no way a substitute for the advice of a qualified health care provider. I understand that appropriate medical therapy and the use of pharmaceutical compounds like testosterone and others should be tailored for the individual, as no two individuals are alike. I understand that Nelson Vergel does not recommend self-medicating with any compound, as I should consult with a qualified physician who can determine my individual situation. I understand that any use of the educational information presented to me in the coaching session is done strictly at my own risk and no responsibility is implied or intended on the part of Nelson Vergel.

Signed: \_\_\_\_\_

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