



APPENDIX B

This information below is intended in rehabilitation and restoration of your health. It will be treated as confidential and will not be used prior permission from you. Thank you for responding in full.

1) **PERSONAL DATA**

Date: _____

Name: _____

I/C No: _____

Date of Birth: _____

Email Address: _____

Mailing Address: _____

_____ Postcode: _____

Contact No: (H) _____ (O) _____ (H/P) _____

Blood Type: A, B, O, AB Rhesus: _____ G6PD Status: _____

Wt: ___ kg	Ht: ___ m
BMI: _____	Age: ___ M/F

2) **OCCUPATION:** _____

Office Address: _____

_____ Postcode: _____

3) Next of Kin: _____ Relationship: _____ H/P: _____

4) **FAMILY HISTORY**

Father side:	Mother side:

5) **Main aim of this visit to the clinic:** _____

6) **Main Complaints:** _____

7)

Past medical history (if any):	Past Surgical history (if any):

Exercise Program : Cardio _____ Resistant _____ Tai-chi/Qi-gong /Yoga _____ times per week

8) **Gastrointestinal System**

Burping: _____ Frequency of bowel of opening: _____ Sinking stool: Y/N

Passing flatus: _____ Undigested food in stool: _____ Very smelly stool: Y/N

9) **DIET**

a) Current Vitamins: _____

b) Do you take the following; if yes how often:

Coffee: _____ Black Tea: _____ Carbonated Drink: _____

Alcohol: _____ Chewing gum: _____ Maggie mee: _____

Chocolate: _____

c) Daily menu:

Breakfast: _____

Snack: _____

Dinner: _____

Snack: _____

10) **CHEMICALS**

a) Smoker: Yes _____ / No _____

b) Any dental amalgam fillings? _____ How many? _____

c) For Ladies: have you taken oral contraceptive pills / device? _____

d) How frequent is your antibiotic usage in a year? _____

11) **HORMONES:**a) 1st date of last period: _____

b) Age of menopause applicable: _____

c) History of breast cyst or uterine fibroid or ovarian cyst: _____

d) For men only: Prostate enlargement: Y/N

12) HORMONAL ASSESSMENT

a) Insulin Problem

- | | |
|--|-------|
| i. Fat at stomach (central obesity) | (Y/N) |
| ii. Hunger pangs despite having just eaten | (Y/N) |
| iii. Crave for sugar / sweets / carbohydrates like rice | (Y/N) |
| iv. Having diabetes / high blood pressure / uric acid / heart disease / stroke | (Y/N) |

b) Cortisol Deficiency

- | | |
|---|-------|
| i. Tendency to have allergy, running nose or skin allergy | (Y/N) |
| ii. Low resistance to stress | (Y/N) |
| iii. Low blood pressure / lightheaded when standing from lying position | (Y/N) |
| iv. Digestive problems / joint ache | (Y/N) |
| v. Fatigue especially in afternoon | (Y/N) |
| vi. Salt / Sugar craving | (Y/N) |

c) Cortisol Excess

- | | |
|--|-------|
| i. Sugar craving | (Y/N) |
| ii. High blood pressure | (Y/N) |
| iii. High blood sugar | (Y/N) |
| iv. Fat around waist | (Y/N) |
| v. Thinning skin and hair loss | (Y/N) |
| vi. Anxious, irritable and nervous, stress excessive energy / easily excitable | (Y/N) |

d) Thyroid Deficiency

- | | |
|--|-------|
| i. Excessive coldness of hands and feet | (Y/N) |
| ii. Cramps / muscle ache at night | (Y/N) |
| iii. Trouble getting up in the morning | (Y/N) |
| iv. Dry / thin skin / constipated | (Y/N) |
| v. Stiff joints in the morning | (Y/N) |
| vi. Puffy face and eyelid in the morning | (Y/N) |
| vii. Gaining weight easily | (Y/N) |

e) Thyroid Excess

- | | |
|--|-------|
| i. Nervous and anxious all the time | (Y/N) |
| ii. Losing weight | (Y/N) |
| iii. Warm and sweaty hands and feet. Shaky hands | (Y/N) |
| iv. Intense sweating | (Y/N) |
| v. Muscle weakness | (Y/N) |

f) Estrogens Deficiency (Lady)

- | | |
|--|-------|
| i. Irregular painful periods (<27 days or > 31 days) | (Y/N) |
| ii. Hot flashes / night sweats | (Y/N) |
| iii. Small / sagging breasts | (Y/N) |
| iv. Poor libido | (Y/N) |
| v. Thinning hair esp. Vertex | (Y/N) |
| vi. Anxious, irritable and depressed | (Y/N) |
| vii. Fuzzy thinking and easily lethargic | (Y/N) |
| viii. Lack of menstruation | (Y/N) |
| ix. Dry eyes / wrinkled skin esp. Lips / vaginal dryness | (Y/N) |

x. Stiffness and joint pains

(Y/N)

g) Estrogens excess / High Bad Estrogens

- i. Fat around the belly (Y/N)
- ii. Balding rapidly (Y/N)
- iii. Eat lots of chicken / drink alcohol / smoke / taking oral contraceptive (Y/N)
- iv. Severe headache (Y/N)
- v. Swollen painful breast (Y/N)
- vi. Excess menstruation (Y/N)
- vii. Exposed to chemicals, pesticides, paints, formaldehyde, exhaust fume (Y/N)
- viii. In men: enlarged breast / big prostate / problem in urination (Y/N)

h) Progesterone deficiency (Lady)

- i. Anxious / nervous / agitated / palpitation (Y/N)
- ii. Irritable / moody / restless esp. Before menses (Y/N)
- iii. Swollen / painful breast before menses (Y/N)
- iv. Cystic / lumpy breast / fibroid of the uterus (Y/N)
- v. Water retention / lower abdomen bloating (Y/N)
- vi. Unable to conceive / consecutive miscarriage (Y/N)
- vii. Excessive menstrual bleeding (Y/N)
- viii. Polycystic ovaries (Y/N)
- ix. Light sleeper / sleeping difficulties (Y/N)

i) Progesterone excess (Lady):

- i. Too drowsy all day (Y/N)
- ii. Dizziness (Y/N)
- iii. Hot flashes and depression (Y/N)

j) Testosterone deficiency

- i. Poor libido / soft erection (Y/N)
- ii. Fat belly (Y/N)
- iii. Greying hair / hair loss on upper scalp (Y/N)
- iv. Poor muscle tone / hunched posture (Y/N)
- v. Poor energy, coordination / balance and lack in confidence (Y/N)
- vi. Mental fatigue and poor memory (Y/N)

k) Testosterone Deficiency

- i. Too aggressive / pushy (Y/N)
- ii. Oily facial /pimples (Y/N)
- iii. Increase facial hair (Y/N)
- iv. Over confidence (Y/N)

l) DHEA deficiency

- i. Dry hair / skin / eyes (Y/N)
- ii. Flabby muscles / fat at belly. Loss of fat at above pubic area in female (Y/N)
- iii. Fatigue / antisocial / depressed / moody (Y/N)
- iv. Frequent illness (Y/N)
- v. Bone / joint / muscle pain (Y/N)
- vi. Poor memory (Y/N)

m) DHEA excess

- i. Facial hair (Y/N)
- ii. Oily skin / acne / pimples (Y/N)
- iii. Irritable / impatient (Y/N)

n) Pregnenolone deficiency

- i. Poor short term memory / concentration (Y/N)
- ii. Loss of colour brightness (Y/N)
- iii. Hearing loss (Y/N)
- iv. Painful joints / back pain (Y/N)

o) Pregnenolone excess

- i. Uptight (Y/N)
- ii. Edginess (Y/N)

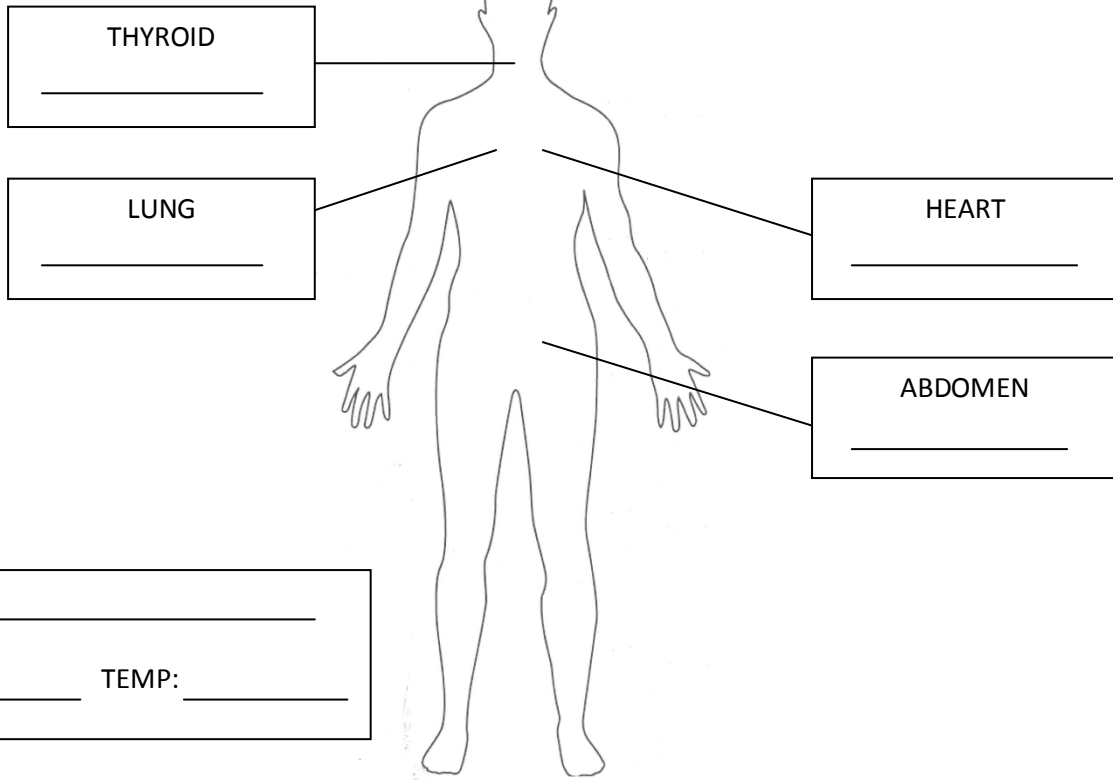
p) Melatonin

- i. Jet lag after travelling (Y/N)
- ii. Difficulty in falling asleep after awakened at night (Y/N)
- iii. Does not feel fresh in the morning (Y/N)
- iv. Continuously sleep after upon each night (Y/N)

q) Growth hormone deficiency

- i. Loss of muscle bulk / strength / fatigue (Y/N)
- ii. Thin hair / skin (Y/N)
- iii. Deep wrinkled face, hands, and sagging cheeks (Y/N)
- iv. Lack of libido / antisocial (Y/N)
- v. Osteoporosis (Y/N)
- vi. Fat at waist & hip. Cellulite (Y/N)

Physical Exam (to be filled by Doctor Only)



Diagnostics:

BLOOD TEST	G / M	ECG	MTM HAIR / URINE TEST	OTHERS

Treatment plan:

1. Supplements:

2. Hormonal supplements:

3. Specific treatment plan:

TREATMENT WEEK	1	2	3	4	5
UVBI					
MAHT					
EBOO / APHERESIS					
COLONIC					
PER RECTAL					
PER VAGINAL					
SAUNA					
IV VITAMIN C					
IV LIVER VIT					
IV ANTI-OXIDANT					
IV CHELATION					
IV VIT C + COLL					
IV DMPS					

4. Drugs:

TCA ON _____ OR _____