



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:**

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**Patient Signature:** \_\_\_\_\_

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