

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

PATIENT NAME: _____ DATE: ___/___/___

NAME YOU WOULD LIKE TO BE CALLED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AGE: _____ DATE OF BIRTH: ___/___/___

WORK PHONE: () _____ CELL PHONE: () _____

FAX NUMBER: () _____ HOME PHONE: () _____

AT WHICH TELEPHONE NUMBER(S) MAY WE CONTACT YOU? _____

EMAIL ADDRESS: _____

OCCUPATION: _____

PHARMACY NAME & PHONE:() _____ () _____

HOW DID YOU HEAR ABOUT US? FRIEND NEWSPAPER MAGAZINE RADIO TV
INTERNET OTHER (LIST) _____

OTHER MEDICAL COUNSEL (NAME AND TELEPHONE NUMBER IF YOU HAVE THIS FORMATION):

MAY WE CONTACT THIS/THESE PRACTITIONER(S)? YES NO

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

MEDICAL HISTORY FORM

1. Are you ready to make changes in your life? Please indicate your level of readiness by circling the appropriate number in the scale below.

Not prepared to change	0	1	2	3	4	5	6	7	8	9	10	Already changing
	

- 2a. What would you like for me to help you improve during your visits? Rate them in order of importance for the top three, and then list the others.

2b. _____

2c. _____

2d. _____

Other _____

3. Current and chronic medical conditions not listed above, please list:

- 3a. Have you ever had or been told you had strep throat? ___Yes ___ No

4a. Have you had any hospitalizations? Yes No

4b. Have you had any emergency room visits? Yes No

4c. Have you had any diagnostic procedures or surgery? Yes No

4d. Have you ever had head trauma (went unconscious), even mild head trauma (been stunned or had a concussion) as an adult or as a child? ___Yes ___No

4e. If Yes, please explain: _____

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

5. Family members diagnosed with cancer or other medical conditions (please specify):

Mother:

Father:

Brother(s):

Sister(s):

Grandparents:

PLEASE TELL US ABOUT YOUR PERSONAL SITUATION:

6. With whom do you live? _____

7. Are you employed? Yes No

If Yes, what kind of work do you currently do, and do you enjoy your work?

8. How many children do you have? _____ Ages _____

9a. Do you smoke tobacco? No Yes. If yes, for how long _____ and how many packs a day ___ week _____.

Tobacco use: Cigar Pipe Snuff Chew

9b. Have you quit? Yes No

9c. Are you interested in quitting? Yes No

10a. How much caffeine do you consume per day?

Coffee or tea ___ cups Sodas with caffeine ___ cans or bottles

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

- Chocolate ___ ounces None
- 10b. Are you interested in quitting? Yes No
- 11a. How much beer, wine, liquor do you consume per week?
Beer, ___glasses Wine, ___glasses Hard Liquor, ___ounces None
- 11b. Does your drinking interfere with your daily functioning or relationships? Yes No
- 11c. Do you need a drink in the morning, 'an eye-opener'? Yes No
- 11d. Are you interested in quitting? Yes No
- 12a. Do you use recreational drugs? Yes No
- 12b. Have you ever used needles? Yes No
- 12c. Are you interested in quitting? Yes No
- 13a. Are you sexually active? Yes No Not currently, how long _____
- 13b. Current sexual partner(s) is/are: Male Female Both None
- 13c. Do you have sexual energy? Yes If not currently, for how long _____
- 13d. Do you use contraception? Yes No, If yes, what type _____
- 13e. Do you want to be tested for sexually transmitted diseases? Yes No
14. Do you exercise regularly? Yes No, for _____minutes per day.
What kind of exercise? _____
15. Do you wear seat belts consistently? Yes No

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

16. Have you ever been abused? Yes No

If Yes, please explain: _____

17. Is violence in the home a concern for you? Yes No

If Yes, please explain: _____

18. Any addictions,, i.e., gambling, sex, alcohol, tobacco? Yes No

19a. Please list the major Stressors/Issues in your life,

19b. On a scale of **0-10**, how big a role does stress play in your life?

Circle the number below that best reflects the answer.

No stress	0	1	2	3	4	5	6	7	8	9	10	The most stress you can have
	

19c. Do you feel that you handle stress well? Yes No

19d. Do you feel “tired and wired”: unable to fall asleep? Yes No

19e. Are you feeling ‘wired’ or high strung? Yes No

19f. If zero (0) is NO LIFE SATISFACTION and ten (10) is ABOVE CONTENT, where would you rate yourself on the scale below. Put a check mark in the box below the appropriate number.

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

No satisfaction	0 1 2 3 4 5 6 7 8 9 10	Above content
	

19g. Do you feel refreshed in the morning upon awakening? Yes No

19h. Do you feel “tired” all day? Yes No

19i. Rate your energy level if zero (0) is NO energy and ten (10) is THE MOST ENERGY YOU CAN HAVE:

No energy upon awakening	0 1 2 3 4 5 6 7 8 9 10	The most energy you can have
	

No energy at 11AM	0 1 2 3 4 5 6 7 8 9 10	The most energy you can have
	

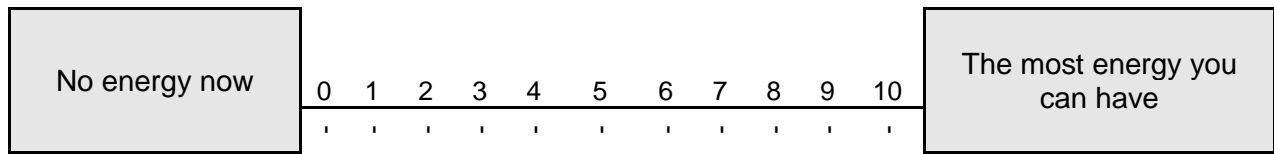
No energy at 2-3 PM	0 1 2 3 4 5 6 7 8 9 10	The most energy you can have
	

No energy at 7PM	0 1 2 3 4 5 6 7 8 9 10	The most energy you can have
	

No energy at 10-11 PM	0 1 2 3 4 5 6 7 8 9 10	The most energy you can have
	

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®



Time of day is (fill in and circle) _____ AM/PM

20a. What is the quality of your sleep (excellent, good, poor)?
Explain _____

20b. How many hours a night do you typically sleep? _____ hours

20c. How many times a night do you wake up (and why)? _____

21. How much *filtered* water do you drink in one day? _____

22a. Do you have cravings for foods? Yes No

22b. If Yes, list which foods you crave: _____

22c. If so, when do the cravings occur? _____

23a. How many times a day do you move your bowels? _____

23b. I have regular bowel movements daily yes No

23c. Do you experience bloating, belching, burning, or gas *within one hour* after eating?
Yes No

23d. Do you have constipation, diarrhea, or would you characterize your bowel movements as irregular in any way? Yes No

If Yes, please explain: _____

23e. Do you have weak, peeling, or cracking of the finger nails? Yes No

23f. Do you have food sensitivities, or allergies? Yes No

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

23g. Do you have itching around the rectum? Yes No

24a. Are you gaining weight even though you are watching what you eat? Yes No

24b. Do you consider that you eat 'healthy'? Yes No

24c. Recent weight gain _____pounds over the last year. On purpose? Yes No

24d. Recent weight loss _____pounds over the last year. On purpose? Yes No

24e. Best recollection

High school weight: _____

Present weight: _____

Desired weight: _____

Highest weight: _____

Height: _____

Clothing size: _____

How many times have you been on a weight loss diet? _____

25a. Did you become ill while or after traveling outside of the USA? Yes No

25b. List where and when: _____

25c. Have you ever been treated for parasites? Yes No

26. Have you received a blood transfusion? Yes No

27. What are your hobbies? _____

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

28. Have you ever taken multiple courses of antibiotics? Yes No
29. Have you had psychological counsel in the past, or are you presently seeing someone?
Yes No
If Yes, please explain: _____
30. Do you know if you have you been exposed to environmental chemicals or toxic heavy metals? Yes No
If Yes, which ones? _____
- 31a. How many dental visits do you have yearly? _____
- 31b. Do you regularly floss? Yes No How often? _____
- 31c. Do you have silver fillings (mercury amalgams)? Yes No
- 31d. Do you have any root canals? Yes No
- 32a. Age of first period: _____
- 32b. Are you having a monthly menstrual cycle? Yes No
- 32c. Length of average period: _____days
- 32d. Do you have concerns about your periods? Yes No
If Yes, what are you concerned about _____
- 32e. Frequency of menstrual periods: Regular Yes No; and occur approximately every _____days.
- 32f. The first day of your last menstrual period was _____
- 33a. How many times have you been pregnant? _____

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

33b. Number of live births? _____

33c. Miscarriages: Yes No

33d. Number of C-sections: _____

33e. Are you currently pregnant or breast feeding? Yes No

33f. Do you currently use contraception (birth control pills, IUD, injections)? Yes No

34a. Do you have concerns about menopause? Yes No

34b. If Yes, what are you concerned about: _____

35a. Have you had a DEXA Scan (Bone Density Scan)? Yes No

35b. If Yes, when was it done, and what were the results? _____

36a. Last Pap smear normal? Yes No

36b. If abnormal, what was the result: _____

36c. Date of last Pap smear? _____

37. Have you had gynecologic surgery, and if so, what was done and when was it performed? _____

38a. Have your breasts been aspirated or have you had a breast biopsy? Yes No

38b. If Yes, what were the results: _____

38a. Was your last mammogram normal? Yes No

38b. Date of last Mammogram or other breast exams, and results: _____

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

Allergies, Medicines, and Supplements

1a. Allergies to medicines, foods, and environmental substances (such as latex)?

Yes No

1b. If Yes, please list each one and explain what happens when taken:

2. List all medications: including over-the-counter (for example: aspirin), herbal remedies, hormones (both natural and synthetic), vitamins, and mineral supplements, *and note strength and how often you take them* (attach extra paper to list all):

3. Are you willing to take supplements (vitamins, minerals, etc.)? Yes No

If Yes, how many supplements are you willing to take? 10 25 or as many as Dr. Bieley prescribes?

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

Directions:

Please take your time when filling out this part of the form. You do not have to complete it at one sitting. Only rate the severity of each that applies to you (even if it appears under multiple headings) as: **1 = MILD, 2 = MODERATE or 3 = SEVERE. Leave blank** if it does not apply to you.

Please be sure to complete each of the sections regardless of title, **such as PMS**. They are for educational purposes only. Even if you have not had menses (menstrual periods) for years, please rate all of the signs and symptoms that you currently experience below.

PLEASE do not use check marks to answer. We wish to obtain an accurate baseline of the severity of your signs and symptoms, and to assess improvement during treatment.

Aldosterone Deficiency		
<input type="checkbox"/> A drowsy, absent-minded look	<input type="checkbox"/> Feel better (in your head) when laying flat on a bed, or moving around all of the time	<input type="checkbox"/> Soft eye balls (eyes feel soft to pressure)
<input type="checkbox"/> 'Crows feet' (wrinkles around outside of eyes)	<input type="checkbox"/> Foggy look	<input type="checkbox"/> Sunken eyes deep in orbits
<input type="checkbox"/> Deep wrinkles on face	<input type="checkbox"/> Hollow or pale face	<input type="checkbox"/> Tendency to move around all the time when standing up
<input type="checkbox"/> Deep grooves in hand creases	<input type="checkbox"/> Low blood pressure	<input type="checkbox"/> Thirsty often, and tendency to drinking a lot of fluids
<input type="checkbox"/> Difficulty focusing on tasks	<input type="checkbox"/> Salt and salty food craving	<input type="checkbox"/> Tongue with teeth marks visible at tongue borders
<input type="checkbox"/> Drowsiness, zombie-like feeling	<input type="checkbox"/> Sharp eyelid fold above the eye	<input type="checkbox"/> Troubled vision with difficulty focusing on objects and tasks when standing up
<input type="checkbox"/> Easily distracted, absent-minded	<input type="checkbox"/> Skin tenting- prolonged stiff skin fold after pinching the skin on the back of the hand	

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

Adult-Onset Growth Hormone & IGF-1 Deficiency		
<input type="checkbox"/> Abdominal obesity, fat belly	<input type="checkbox"/> Flat feet, with collapsed arches	<input type="checkbox"/> More pronounced wrinkling
<input type="checkbox"/> Chronic anxiety without any reason	<input type="checkbox"/> Flat appearing hair	<input type="checkbox"/> Nails with longitudinal lines
<input type="checkbox"/> Cold intolerance	<input type="checkbox"/> Feeling rapidly aging, feeling of profound physical degradation	<input type="checkbox"/> Poor general health
<input type="checkbox"/> Decreased muscle strength	<input type="checkbox"/> Great difficulty in performing multiple tasks	<input type="checkbox"/> Poor appetite for meat
<input type="checkbox"/> Deep wrinkled forehead	<input type="checkbox"/> Impaired emotional reactions	<input type="checkbox"/> Recovering very difficult
<input type="checkbox"/> Depression	<input type="checkbox"/> Impaired emotional reactions	<input type="checkbox"/> Receding gums and jaw bone
<input type="checkbox"/> Difficulty recovering when not having slept enough	<input type="checkbox"/> Impaired psychological well-being and quality of life, lacking inner peace	<input type="checkbox"/> Reduced aerobic and anaerobic capacity (easily tire)
<input type="checkbox"/> Dramatizing: outbursts of panic and anxiety; may collapse from minor stress	<input type="checkbox"/> Impaired social status (lower professional position, lower income, poor social integration, often without partner, still living with parents)	<input type="checkbox"/> Reduced muscle and strength
<input type="checkbox"/> Drooping of eye lids (upper or lower lids)	<input type="checkbox"/> Inability to lose weight with diet and exercise	<input type="checkbox"/> Resistant to new ideas and situations
<input type="checkbox"/> Droopy triceps (lower arm muscles sagging) or other muscles (like draperies hanging)	<input type="checkbox"/> Intensified jet lag effect	<input type="checkbox"/> Sagging of body silhouette: sagging cheeks, sagging belly or sagging buttocks
<input type="checkbox"/> Droopy nose tip	<input type="checkbox"/> Kyphosis (bowed back, stooped over)	<input type="checkbox"/> Smaller shoulders, dropping triceps, wrinkled hands, small hips, sagging inner sides of thigh

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

<input type="checkbox"/> Dry skin	<input type="checkbox"/> Lack of concentration	<input type="checkbox"/> Sore feet after long walks
<input type="checkbox"/> Excessive emotional reactions, sharp verbal retorts	<input type="checkbox"/> Lack of inner peace	<input type="checkbox"/> Stretch marks on thighs
<input type="checkbox"/> Excessive need for sleep	<input type="checkbox"/> Lack of self confidence, assurance, leadership (afraid of what today will bring)	<input type="checkbox"/> Tendency to be depressed
<input type="checkbox"/> Exhausted, especially	<input type="checkbox"/> Less self control	<input type="checkbox"/> Tendency toward social Isolation
<input type="checkbox"/> after midnight	<input type="checkbox"/> Less vitality or energy	<input type="checkbox"/> Thick thighs with cellulite
<input type="checkbox"/> Exhausted with poor or no recovery	<input type="checkbox"/> Light sleep	<input type="checkbox"/> Thinning of eyebrows
<input type="checkbox"/> Eye brow thinning	<input type="checkbox"/> Loose skin folds under the chin	<input type="checkbox"/> Thinning of lips
<input type="checkbox"/> Fatty buttocks	<input type="checkbox"/> Loss of skin tone	<input type="checkbox"/> Tiny, fine skin folds (more apparent with finger pressure)
<input type="checkbox"/> Fatty thighs	<input type="checkbox"/> Low self esteem	<input type="checkbox"/> Thinning of skin with hair loss (tiny fine skin folds)
<input type="checkbox"/> Fatty cushions above the knees	<input type="checkbox"/> More body fat with skin thinning and muscle weakness, flabby belly	<input type="checkbox"/> Thinning nose with the tip pointing downward

Calcitonin Deficiency		
<input type="checkbox"/> Greater pain sensitivity	<input type="checkbox"/> History of trauma to thyroid gland with sudden onset of symptoms (from one day to the next)	<input type="checkbox"/> Tired
<input type="checkbox"/> Greater predisposition to pain	<input type="checkbox"/> Brittle bones (Osteoporosis)	<input type="checkbox"/> Nausea or vomiting
<input type="checkbox"/> bowed back, hunched appearance	<input type="checkbox"/> Stress that triggers migraine headaches	<input type="checkbox"/> Lack of appetite
<input type="checkbox"/> Crushed spine	<input type="checkbox"/> Pain in the neck, or back	<input type="checkbox"/> Feeling unwell

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

<input type="checkbox"/> Bulging disc(s) in spine	<input type="checkbox"/> Nervous tension	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Scar from surgery for removal of thyroid (check only for Yes).	<input type="checkbox"/> Muscle aches	<input type="checkbox"/> Headaches
<input type="checkbox"/> History of thyroid irradiation (check only for Yes)	<input type="checkbox"/> Low energy, fatigue	

Cortisol Deficiency		
<input type="checkbox"/> Acute allergies: runny nose,	<input type="checkbox"/> Frequent screaming or yelling	<input type="checkbox"/> Recent hair loss in patches
<input type="checkbox"/> Asthma, food allergies	<input type="checkbox"/> Heavy sweating in armpits	<input type="checkbox"/> Prone to infections: viral (flu, mono), bacterial (affecting ears, nose, & throat)
<input type="checkbox"/> Brownish skin in armpit fold	<input type="checkbox"/> History of gastroenteritis, bloating, or abdominal pain	<input type="checkbox"/> Recurrent tendon pains, especially sensitive to pressure
<input type="checkbox"/> Brown skin in elbow fold	<input type="checkbox"/> Hollow cheeks	<input type="checkbox"/> Salty food cravings
<input type="checkbox"/> Brown skin folds in palms	<input type="checkbox"/> Inflammatory diseases such as lupus or rheumatoid arthritis	<input type="checkbox"/> Sharp verbal retorts, use of strong, dramatized words
<input type="checkbox"/> Confusion, absentmindedness, especially in stressful situations	<input type="checkbox"/> Intense hunger attacks	<input type="checkbox"/> Skin rashes
<input type="checkbox"/> Dark circles under eyes	<input type="checkbox"/> Irritability	<input type="checkbox"/> Sugar cravings
<input type="checkbox"/> Day-dreaming, empty headedness	<input type="checkbox"/> Localized muscle pains	<input type="checkbox"/> Suntan easily
<input type="checkbox"/> Depigmented skin areas (vitiligo)	<input type="checkbox"/> Low energy, fatigue, burned out	<input type="checkbox"/> Underweight, with difficulty gaining weight
<input type="checkbox"/> Excessive compassion for the pain of others	<input type="checkbox"/> Memory loss in stressful situations	<input type="checkbox"/> Tired look
<input type="checkbox"/> Excessive emotions: outbursts of anger or anxiety	<input type="checkbox"/> Painful sinus points	<input type="checkbox"/> Very negative attitudes

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

<input type="checkbox"/> Excessive sensitivity to human suffering	<input type="checkbox"/> Paranoid-like reactions, accusatory behavior, quarrelsome	<input type="checkbox"/> Wet palms
<input type="checkbox"/> Feeling like being a 'victim'	<input type="checkbox"/> Poor resistance to stress, or great difficulty to function well in stressful situations or even to react to stressful situations	<input type="checkbox"/> Yellow-brownish skin of face

Cortisol Excess		
<input type="checkbox"/> Binge eating	<input type="checkbox"/> Frequent infections	<input type="checkbox"/> Shakiness between meals
<input type="checkbox"/> Confusion	<input type="checkbox"/> Irritability	<input type="checkbox"/> Thin skin
<input type="checkbox"/> Cravings for sugar	<input type="checkbox"/> Low energy	<input type="checkbox"/> Weight gain
<input type="checkbox"/> Easy bruising	<input type="checkbox"/> Muscle weakness	
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Night sweats	

Dehydroepiandrosterone (DHEA) Deficiency		
<input type="checkbox"/> Decrease in muscle strength and lean body mass	<input type="checkbox"/> lack of sexual satisfaction	<input type="checkbox"/> Poor quality of life and feeling of wellness
<input type="checkbox"/> Dry eyes, or dry skin	<input type="checkbox"/> Moderate anxiety	<input type="checkbox"/> Poor sleep
<input type="checkbox"/> Frequent infections	<input type="checkbox"/> Moderate fatigue	<input type="checkbox"/> Reduced or loss of pubic hair
<input type="checkbox"/> Joint soreness	<input type="checkbox"/> Overwhelming stress	<input type="checkbox"/> Reduced pubic fat
<input type="checkbox"/> Low resistance to noise or stress	<input type="checkbox"/> Poorly developed or receding hair in armpits	
<input type="checkbox"/> Low sexual desire	<input type="checkbox"/> Poor muscle development	

Dysbiosis (Abnormal Function Due To Changes In Gut Bacteria)		
<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Nausea
<input type="checkbox"/> Anxiety and depression	<input type="checkbox"/> Fever of unknown origin	<input type="checkbox"/> Palpitations (feeling your heart beat)

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

<input type="checkbox"/> Arthralgias (painful joints)	<input type="checkbox"/> Flatulence (farting)	<input type="checkbox"/> Phlebitis (inflamed veins)
<input type="checkbox"/> Belching, bloating, burning (heartburn)	<input type="checkbox"/> Frequent urination	<input type="checkbox"/> Pruritis (itching)
<input type="checkbox"/> Brain fog	<input type="checkbox"/> Halitosis (bad breath)	<input type="checkbox"/> Seizures
<input type="checkbox"/> Cramps and spasms	<input type="checkbox"/> Malaise (feeling no energy)	<input type="checkbox"/> Skin rashes
<input type="checkbox"/> Cognitive and memory deficit	<input type="checkbox"/> Myalgias (muscle pains)	

Estrogen Deficiency		
<input type="checkbox"/> Above upper lip small vertical wrinkles	<input type="checkbox"/> Hairy arms	<input type="checkbox"/> Persistent depression
<input type="checkbox"/> Achy joints	<input type="checkbox"/> Hot flashes with sweating (especially at night)	<input type="checkbox"/> Persistent fatigue
<input type="checkbox"/> Acne	<input type="checkbox"/> Increased cholesterol	<input type="checkbox"/> Recurrent bladder infections
<input type="checkbox"/> Decreased dexterity	<input type="checkbox"/> Increase in insulin resistance and possible diabetes (if you know)	<input type="checkbox"/> Scalp hair flat in appearance
<input type="checkbox"/> Decreased or poor memory	<input type="checkbox"/> More wrinkles/ aging skin	<input type="checkbox"/> Small breasts
<input type="checkbox"/> Decreased sex drive	<input type="checkbox"/> Oily skin	<input type="checkbox"/> Small, sharp wrinkles above the upper lip and corners of the mouth
<input type="checkbox"/> Droopy breasts	<input type="checkbox"/> Osteoporosis (brittle bones over time)	<input type="checkbox"/> Thinner skin
<input type="checkbox"/> Dry eyes, or mouth	<input type="checkbox"/> Painful intercourse	<input type="checkbox"/> Urinary incontinence (leaky bladder)
<input type="checkbox"/> Dry skin	<input type="checkbox"/> Painful menstrual cramps	<input type="checkbox"/> Urinary tract infections
<input type="checkbox"/> Excessively developed pubic hair	<input type="checkbox"/> Pale face, or hollow face	<input type="checkbox"/> Vaginal dryness
<input type="checkbox"/> Facial hair	<input type="checkbox"/> Painful menstrual cramps	<input type="checkbox"/> Vaginal itching
<input type="checkbox"/> Hair loss in scalp	<input type="checkbox"/> Pale face, or hollow face	

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

Estrogen Excess		
<input type="checkbox"/> Aggressive, or irritable with outbursts of anger especially before menses (period)	<input type="checkbox"/> Enlarged, swollen breasts with nipple tenderness	<input type="checkbox"/> Painful breasts, particularly nipples when pressed
<input type="checkbox"/> Anxious, nervous	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Poor sleep
<input type="checkbox"/> Anxious premenstrual syndrome	<input type="checkbox"/> Fibrocystic breasts	<input type="checkbox"/> Reddish face
<input type="checkbox"/> Bloating (especially belly)	<input type="checkbox"/> Increased weight (especially hips/thighs)	<input type="checkbox"/> Sharp verbal retorts
<input type="checkbox"/> Breasts enlarged and painful when pressed	<input type="checkbox"/> Irritability	<input type="checkbox"/> Swollen painful bloated belly
<input type="checkbox"/> Cervical dysplasia (abnormal Pap smears)	<input type="checkbox"/> Mood swings	<input type="checkbox"/> Swollen thighs, legs, ankles or feet
<input type="checkbox"/> Decreased sexual interest	<input type="checkbox"/> Overweight or obese	
<input type="checkbox"/> Depression with anxiety or agitation	<input type="checkbox"/> Panic attacks	

Insulin Deficiency		
<input type="checkbox"/> Apathy	<input type="checkbox"/> Fatigue, general weakness	<input type="checkbox"/> Low to normal glucose (if known)
<input type="checkbox"/> Arms are underdeveloped or droopy arm muscles	<input type="checkbox"/> Feet are thin and poorly muscle mass	<input type="checkbox"/> Low to normal glycosylated hemoglobin (HbA1C) (if known)
<input type="checkbox"/> Belly too thin, flat	<input type="checkbox"/> Hips and buttocks are narrow, thin hips and/or buttocks, lacking fat	<input type="checkbox"/> Moments of low alertness, inattention
<input type="checkbox"/> Breasts are sagging	<input type="checkbox"/> Legs are thin, poor muscle mass	<input type="checkbox"/> Neck is thin and poorly muscled

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

<input type="checkbox"/> Breasts have poor fat accumulation	<input type="checkbox"/> Loss of fat mass	<input type="checkbox"/> Sweets and sugars are not tolerated well
<input type="checkbox"/> Chest poorly developed muscles	<input type="checkbox"/> Low insulin (if known)	<input type="checkbox"/> Thin, hollow face
<input type="checkbox"/> Difficulty in receiving and giving love	<input type="checkbox"/> Low libido	<input type="checkbox"/> Underweight body and or extremely thin

Melatonin Deficiency		
<input type="checkbox"/> A superficial, anxious, agitated sleep with a lot of anxious thinking	<input type="checkbox"/> Frequent infections	<input type="checkbox"/> Premature aging of the hands with age spots
<input type="checkbox"/> Agitation with restless leg syndrome at night	<input type="checkbox"/> Jet-lag symptoms when going to another time zone	<input type="checkbox"/> Poor dreaming
<input type="checkbox"/> Binge eating	<input type="checkbox"/> Lack of serenity, inner peace of mind, especially at night	<input type="checkbox"/> Shakiness between meals
<input type="checkbox"/> Cravings for sugar	<input type="checkbox"/> Looking tired, not having slept well (bags under eyes)	<input type="checkbox"/> Tendency to go to bed late and wake up early
<input type="checkbox"/> Difficulty to fall asleep and fall back asleep	<input type="checkbox"/> Low energy	<input type="checkbox"/> Thin skin
<input type="checkbox"/> Easily waking up during the night	<input type="checkbox"/> Muscle weakness, or tense muscles, especially at night	<input type="checkbox"/> Weight gain
<input type="checkbox"/> Easy bruising	<input type="checkbox"/> Nervous, anxious behavior	
<input type="checkbox"/> Fatigue or irritability	<input type="checkbox"/> Night sweats or sleep disturbances	

MSH (Melanocyte Stimulating Hormone) Deficiency		
<input type="checkbox"/> Darker skin that became paler	<input type="checkbox"/> Less vaginal lubrication	<input type="checkbox"/> Muscle loosening

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

<input type="checkbox"/> Difficulties in vaginal opening for penis or sex toy insertion	<input type="checkbox"/> Low or lower capacity for sexual intercourse	<input type="checkbox"/> Overweight or obese due to progressively increased appetite and worsened in adult years
<input type="checkbox"/> Face appears pale (in Caucasians)	<input type="checkbox"/> Low or lower frequency and intensity of erotic fantasies	<input type="checkbox"/> Paler hair
<input type="checkbox"/> Flat, or non-curling hair. Lack of hair volume	<input type="checkbox"/> Low or lower frequency and intensity of erotic fantasies	<input type="checkbox"/> Poor memory
<input type="checkbox"/> Gradually decreased ability to tan in the sun that was previously normal	<input type="checkbox"/> Low or lower orgasmic capacity	<input type="checkbox"/> Poor school performance
<input type="checkbox"/> Gray or white hair	<input type="checkbox"/> Low or lower sexual arousal, sex drive	<input type="checkbox"/> Possible lower resistance to stress
<input type="checkbox"/> Joint pains under stressful conditions	<input type="checkbox"/> Low or lower skin sensitivity to sexual caress	<input type="checkbox"/> Sunburned skin occurs easily
<input type="checkbox"/> Less sexual arousal	<input type="checkbox"/> Lower or lower sexual arousal, decreased sex drive	

Oxytocin Deficiency		
<input type="checkbox"/> Absence of multiple orgasms	<input type="checkbox"/> Joyless appearance, unhappy face	<input type="checkbox"/> No emotional flush
<input type="checkbox"/> Absence or rareness of orgasm	<input type="checkbox"/> Less social involvement	<input type="checkbox"/> No smile or smiles less
<input type="checkbox"/> Circle of friends is decreasing	<input type="checkbox"/> Limited emotional expression	<input type="checkbox"/> Not warm-hearted
<input type="checkbox"/> Dry eyes	<input type="checkbox"/> Low or lower orgasmic intensity	<input type="checkbox"/> Pale face
<input type="checkbox"/> Easy pain perception	<input type="checkbox"/> Mainly retains old friends, but very few, if any new friends	<input type="checkbox"/> Poor lifeless gaze
<input type="checkbox"/> Excess pain sensitivity	<input type="checkbox"/> (If) Married, marriage less happy	<input type="checkbox"/> Teamwork possible but less easy than before
<input type="checkbox"/> Excessively (emotionally) detached from others	<input type="checkbox"/> Needs 20 minutes or more to achieve orgasm	

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

Pregnenolone Deficiency		
<input type="checkbox"/> Abdomen is painful if pressed	<input type="checkbox"/> Lack of mental firmness and aggressiveness	<input type="checkbox"/> Small breasts
<input type="checkbox"/> Decreased libido (sexual energy)	<input type="checkbox"/> Moderate fatigue (chronic)	<input type="checkbox"/> Soft eye balls (eyes feel soft to pressure)
<input type="checkbox"/> Deficient muscle mass	<input type="checkbox"/> Nervous behavior	<input type="checkbox"/> Sugar cravings
<input type="checkbox"/> Dry skin	<input type="checkbox"/> Pigmented spots on face	<input type="checkbox"/> Sunken eyes
<input type="checkbox"/> Excessive thirst and drinking	<input type="checkbox"/> Poor Memory, short term memory loss	<input type="checkbox"/> Sweating hands and armpits during stress
<input type="checkbox"/> Excessive urination	<input type="checkbox"/> Poor muscle strength	<input type="checkbox"/> Thin, hollow face
<input type="checkbox"/> Feeling faint when standing up	<input type="checkbox"/> Pubic hair thinning or poorly developed	<input type="checkbox"/> Thin muscles
<input type="checkbox"/> Foggy, absent-minded look	<input type="checkbox"/> Reduced color vision	<input type="checkbox"/> Unclear thinking
<input type="checkbox"/> Forgetful behavior	<input type="checkbox"/> Salt or sugar cravings	
<input type="checkbox"/> Heart rate is quick (more than 80 beats/min)	<input type="checkbox"/> Sharp wrinkles	

Premenstrual Syndrome (PMS)		
<input type="checkbox"/> Abdominal bloating	<input type="checkbox"/> Distractible	<input type="checkbox"/> Panic attacks
<input type="checkbox"/> Aches and pains	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Pins and needles feeling
<input type="checkbox"/> Acne	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Poor coordination
<input type="checkbox"/> Alcohol sensitivity	<input type="checkbox"/> Dry hair	<input type="checkbox"/> Poor judgment
<input type="checkbox"/> Angry outbursts	<input type="checkbox"/> Eye pain	<input type="checkbox"/> Poor memory
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Facial swelling	<input type="checkbox"/> Poor vision
<input type="checkbox"/> Appetite changes especially lack of appetite	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Rapid heart beat
<input type="checkbox"/> Asthmatic attacks	<input type="checkbox"/> Fear of going out alone	<input type="checkbox"/> Restlessness
<input type="checkbox"/> Avoidance of social Activities	<input type="checkbox"/> Finger swelling	<input type="checkbox"/> Ringing in the ears

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

<input type="checkbox"/> Backache	<input type="checkbox"/> Food sensitivity	<input type="checkbox"/> Runny nose
<input type="checkbox"/> Bladder irritation & tenderness	<input type="checkbox"/> Forgetfulness	<input type="checkbox"/> Seizures
<input type="checkbox"/> Bleeding gums	<input type="checkbox"/> Headaches	<input type="checkbox"/> Sensitivity to light and noise
<input type="checkbox"/> Bloating	<input type="checkbox"/> Herpetic outbreak	<input type="checkbox"/> Sex drive change
<input type="checkbox"/> Breast swelling	<input type="checkbox"/> Hives or rashes	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Bruising	<input type="checkbox"/> Hot flashes	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Clumsiness	<input type="checkbox"/> Indecision	<input type="checkbox"/> Spots in front of eyes
<input type="checkbox"/> Confusion	<input type="checkbox"/> Inefficiency	<input type="checkbox"/> Suspicious
<input type="checkbox"/> Inflammation or the covering of the eye with redness (Conjunctivitis)	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Sweating increased
<input type="checkbox"/> Constipation or diarrhea	<input type="checkbox"/> Irritability	<input type="checkbox"/> Tearfulness
<input type="checkbox"/> Cramps	<input type="checkbox"/> Joint ache/pain	<input type="checkbox"/> Tension
<input type="checkbox"/> Craving for salty or sweet foods	<input type="checkbox"/> Leg cramps	<input type="checkbox"/> Tingling in the hands and feet
<input type="checkbox"/> Crying spells	<input type="checkbox"/> Leg swelling	<input type="checkbox"/> Tremors
<input type="checkbox"/> Decreased hearing	<input type="checkbox"/> Longer hours of sleep	<input type="checkbox"/> Trouble concentrating
<input type="checkbox"/> Decreased productivity	<input type="checkbox"/> Mood swings	<input type="checkbox"/> Sense of objects moving or spinning (Vertigo)
<input type="checkbox"/> Decreased sex drive	<input type="checkbox"/> Muscle aches/pain	<input type="checkbox"/> Visual changes
<input type="checkbox"/> Decreased amount of urine	<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Depression	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Weight gain

Progesterone Deficiency		
<input type="checkbox"/> Anxiety, nervous behavior	<input type="checkbox"/> Increased abdominal fat	<input type="checkbox"/> Premenstrual tension with breast tenderness and swollen breasts

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

<input type="checkbox"/> Bowed back	<input type="checkbox"/> Insomnia with excessive nervousness tension and anxiety	<input type="checkbox"/> Reddish face
<input type="checkbox"/> Bloating belly	<input type="checkbox"/> Irritable, aggressive behavior	<input type="checkbox"/> Sharp verbal retorts
<input type="checkbox"/> Breast or ovarian cysts	<input type="checkbox"/> Mood swings	<input type="checkbox"/> Swollen breasts
<input type="checkbox"/> Breast tenderness	<input type="checkbox"/> Overweight or obese	<input type="checkbox"/> Swollen belly that may be painful to pressure
<input type="checkbox"/> Depression	<input type="checkbox"/> Brittle bones (Osteoporosis)	<input type="checkbox"/> Swollen belly that may be painful to pressure
<input type="checkbox"/> Enlarged breasts	<input type="checkbox"/> Pain and inflammation	<input type="checkbox"/> Swollen face
<input type="checkbox"/> Excessive menstruation	<input type="checkbox"/> Pain in breast upon pressure	<input type="checkbox"/> Swollen hands
<input type="checkbox"/> Fibroids of uterus	<input type="checkbox"/> Premenstrual abdominal bloating	<input type="checkbox"/> Swollen thighs, legs, feet, or ankles

Progesterone Excess (Of Either Synthetic or Natural Progesterone)		
<input type="checkbox"/> Abdominal bloating	<input type="checkbox"/> Distractible	<input type="checkbox"/> Panic attacks
<input type="checkbox"/> Aches and pains	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Pins and needles feeling
<input type="checkbox"/> Acne	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Poor coordination
<input type="checkbox"/> Alcohol sensitivity	<input type="checkbox"/> Dry hair	<input type="checkbox"/> Poor judgment
<input type="checkbox"/> Angry outbursts	<input type="checkbox"/> Eye pain	<input type="checkbox"/> Poor memory
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Facial swelling	<input type="checkbox"/> Poor vision
<input type="checkbox"/> Appetite changes especially lack of appetite	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Rapid heart beat
<input type="checkbox"/> Asthmatic attacks	<input type="checkbox"/> Fear of going out alone	<input type="checkbox"/> Restlessness
<input type="checkbox"/> Avoidance of social activities	<input type="checkbox"/> Finger swelling	<input type="checkbox"/> Ringing in the ears
<input type="checkbox"/> Backache	<input type="checkbox"/> Food sensitivity	<input type="checkbox"/> Runny nose

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

<input type="checkbox"/> Bladder irritation & tenderness	<input type="checkbox"/> Forgetfulness	<input type="checkbox"/> Seizures
<input type="checkbox"/> Bleeding gums	<input type="checkbox"/> Headaches	<input type="checkbox"/> Sensitivity to light and noise
<input type="checkbox"/> Bloating	<input type="checkbox"/> Herpetic outbreak	<input type="checkbox"/> Sex drive change
<input type="checkbox"/> Breast swelling	<input type="checkbox"/> Hives or rashes	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Bruising	<input type="checkbox"/> Hot flashes	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Clumsiness	<input type="checkbox"/> Indecision	<input type="checkbox"/> Spots in front of eyes
<input type="checkbox"/> Confusion	<input type="checkbox"/> Inefficiency	<input type="checkbox"/> Suspicious
<input type="checkbox"/> Inflammation or the covering of the eye with redness (Conjunctivitis)	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Sweating increased
<input type="checkbox"/> Constipation or diarrhea	<input type="checkbox"/> Irritability	<input type="checkbox"/> Tearfulness
<input type="checkbox"/> Cramps	<input type="checkbox"/> Joint ache/pain	<input type="checkbox"/> Tension
<input type="checkbox"/> Craving for salty or sweet foods	<input type="checkbox"/> Leg cramps	<input type="checkbox"/> Tingling in the hands and feet
<input type="checkbox"/> Crying spells	<input type="checkbox"/> Leg swelling	<input type="checkbox"/> Tremors
<input type="checkbox"/> Decreased hearing	<input type="checkbox"/> Longer hours of sleep	<input type="checkbox"/> Trouble concentrating
<input type="checkbox"/> Decreased productivity	<input type="checkbox"/> Mood swings	<input type="checkbox"/> Sense of objects moving or spinning (Vertigo)
<input type="checkbox"/> Decreased sex drive	<input type="checkbox"/> Muscle aches/pain	<input type="checkbox"/> Visual changes
<input type="checkbox"/> Decreased amount of urine	<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Depression	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Weight gain

Testosterone Deficiency		
<input type="checkbox"/> Able to achieve orgasm, but with increased difficulty	<input type="checkbox"/> Hesitant or indecisive	<input type="checkbox"/> Muscles shrinking (shoulders)
<input type="checkbox"/> Abnormal cholesterol profile	<input type="checkbox"/> Hysterical reactions	<input type="checkbox"/> Muscles lax
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Hypersensitive, hyper-emotional states	<input type="checkbox"/> Overweight or obese

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

<input type="checkbox"/> Back pain or sciatica	<input type="checkbox"/> Indecisiveness (can not make up your mind)	<input type="checkbox"/> Painful intercourse
<input type="checkbox"/> Clitoris getting smaller	<input type="checkbox"/> Interest in physical activity/sports has been fading recently	<input type="checkbox"/> Poor body image
<input type="checkbox"/> Decreased sex drive	<input type="checkbox"/> Joint pain	<input type="checkbox"/> Sagging cheeks, or loss of facial firmness
<input type="checkbox"/> Decreased or absent orgasm	<input type="checkbox"/> Lack of assertiveness	<input type="checkbox"/> Reduced libido (sex drive)
<input type="checkbox"/> Decreased clitoris or nipple sensitivity	<input type="checkbox"/> Less dreaming	<input type="checkbox"/> Thighs with cellulite (fat)
<input type="checkbox"/> Depressed all day	<input type="checkbox"/> Loss of armpit, pubic, or body hair	<input type="checkbox"/> Thin lips
<input type="checkbox"/> Droopy eyelids	<input type="checkbox"/> Loss of coordination and balance	<input type="checkbox"/> Thinning and dry hair
<input type="checkbox"/> Dry, thin skin with poor elasticity	<input type="checkbox"/> Low energy	<input type="checkbox"/> Urinary incontinence
<input type="checkbox"/> Dry eyes	<input type="checkbox"/> Low self-esteem, and sense of security	<input type="checkbox"/> Vertical wrinkles above upper lip
<input type="checkbox"/> Excessive fears, anxieties	<input type="checkbox"/> Mild depression	<input type="checkbox"/> Weight gain and decline in muscle tone (for example, sagging upper arms and cheeks)
<input type="checkbox"/> Excessively emotional	<input type="checkbox"/> Mild depression	<input type="checkbox"/> Worries unnecessarily
<input type="checkbox"/> Flat hair	<input type="checkbox"/> More passive in attitudes and behavior	
<input type="checkbox"/> Fatigue, decreased energy, loss of stamina	<input type="checkbox"/> Muscle loss despite adequate caloric and protein (for example: chicken, meat, fish, soy) intake	

Testosterone Excess		
<input type="checkbox"/> Abdominal hair above pubis up to navel	<input type="checkbox"/> Cravings for salts or sugars	<input type="checkbox"/> Oily skin or hair
<input type="checkbox"/> Acne	<input type="checkbox"/> Depression	<input type="checkbox"/> Infertility

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

<input type="checkbox"/> Aggressiveness, bossiness	<input type="checkbox"/> Dominant character	<input type="checkbox"/> Irregular periods
<input type="checkbox"/> Agitation	<input type="checkbox"/> Excessive libido (sex drive)	<input type="checkbox"/> Loss of head hair with growth of facial hair
<input type="checkbox"/> Anger	<input type="checkbox"/> Excessively aggressive, authoritarian character	<input type="checkbox"/> Masculine tone to voice
<input type="checkbox"/> Breast tenderness	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Mood swings
<input type="checkbox"/> Body hair increased on thighs	<input type="checkbox"/> Droopy breasts	<input type="checkbox"/> Sparse hair around cheeks
<input type="checkbox"/> Changes in memory	<input type="checkbox"/> Fluid retention	<input type="checkbox"/> Sparse hair around nipples
<input type="checkbox"/> Clitoral swelling, increased sensitivity	<input type="checkbox"/> Hair loss	<input type="checkbox"/> Weight gain (apple body shape)

Thyroid Hormone Deficiency		
<input type="checkbox"/> Agitation	<input type="checkbox"/> Flat feet	<input type="checkbox"/> Pale Face
<input type="checkbox"/> Anxiety or panic attacks	<input type="checkbox"/> Fluid retention	<input type="checkbox"/> Poor appetite for food
<input type="checkbox"/> Apathy	<input type="checkbox"/> Heat intolerance, inability to sweat in a hot climate	<input type="checkbox"/> Poor circulation
<input type="checkbox"/> Bloating and constipation	<input type="checkbox"/> Hoarse, husky voice	<input type="checkbox"/> Prone to ear, nose, and throat infections
<input type="checkbox"/> Brittle slow growing nails	<input type="checkbox"/> Inability to concentrate	<input type="checkbox"/> Prone to weight gain, but difficult weight loss when dieting
<input type="checkbox"/> Carpel tunnel syndrome	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Puffy face
<input type="checkbox"/> Cold hands and/or feet	<input type="checkbox"/> Lethargy, apathy	<input type="checkbox"/> Reduced heart rate
<input type="checkbox"/> Cold intolerance, easily shivers	<input type="checkbox"/> Loss of lateral 1/3 of eyebrows	<input type="checkbox"/> Sleepy during the day especially when resting
<input type="checkbox"/> Constipation	<input type="checkbox"/> Low body temperature	<input type="checkbox"/> Slow movements

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

<input type="checkbox"/> Depression	<input type="checkbox"/> Low blood pressure	<input type="checkbox"/> Slow speech or slow thinking or reaction
<input type="checkbox"/> Decreased memory	<input type="checkbox"/> Menstrual irregularities	<input type="checkbox"/> Sparse, coarse, dry hair
<input type="checkbox"/> Decreased sexual interest	<input type="checkbox"/> Morning fatigue, fatigue when taking a rest	<input type="checkbox"/> Swollen face particularly under eyelids
<input type="checkbox"/> Difficulty getting out of bed in the morning	<input type="checkbox"/> Morning stiffness	<input type="checkbox"/> Swollen hands, feet, legs, abdomen-swollen all over
<input type="checkbox"/> Diffuse hair loss	<input type="checkbox"/> Muscle and joint pain	<input type="checkbox"/> Swollen lips or tongue
<input type="checkbox"/> Dry skin, hair, or dry scaly elbows	<input type="checkbox"/> Muscle cramps	<input type="checkbox"/> Thickening of skin around the elbows
<input type="checkbox"/> Easily distracted, poor concentration, poor attention	<input type="checkbox"/> Muscle weakness	<input type="checkbox"/> Thinning of eyebrows in the outer 1/3 region
<input type="checkbox"/> Excessive intake of caffeinated beverages	<input type="checkbox"/> Needs to wear supplementary warm clothes in all seasons	<input type="checkbox"/> Yellowish tint of skin over the palms and soles
<input type="checkbox"/> Feel best in the evening when physically or mentally active	<input type="checkbox"/> Overweight, obese	

Vasopressin (Antidiuretic hormone, ADH) Deficiency		
<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Easily distracted (more frequent in stressful situations)	<input type="checkbox"/> Tendency to drink a lot during the day and through the night
<input type="checkbox"/> Crow's feet (wrinkles) around eyes	<input type="checkbox"/> Easy bruising	<input type="checkbox"/> Thirsty all the time
<input type="checkbox"/> Dehydrated appearance	<input type="checkbox"/> Easy wrinkling	<input type="checkbox"/> Tiny skin folds in the elbow fold
<input type="checkbox"/> Difficulties learning and in adapting to new situations (more frequent in stressful situations)	<input type="checkbox"/> Exaggerated thirst	<input type="checkbox"/> Tiny skin folds in the face

Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually®

___ Difficulty in memorizing or learning (more frequent in stressful situations)	___ Forgetful (more frequent in stressful situations)	___ Tongue with teeth marks visible around borders
___ Difficulty learning at school	___ Sharp skin fold above the eyes	___ Urgent need to quickly run to the bathroom after drinking
___ Disturbed sleep because of the recurrent need to go to the bathroom to urinate during the night	___ Sharp, skin grooves on the palm and fingers	___ Urinates more than 2 times at night.
___ Dry tongue	___ Sunken eyes (deep in orbits)	___ Urinates more than 5 times during the day

Comments to more fully explain your symptoms or list others not mentioned in this form:

Patient Signature: _____

Date: _____