HANSEN CLINIC

NATURAL MEDICINE | AESTHETICS | MESOTHERAPY

CONFIDENTIAL PATIENT INFORMATION

Dear Patient; please respond to the following questions as completely and accurately as possible. Your cooperation is greatly appreciated. This information will enable us to serve you better. ***PLEASE PRINT.***

Patient Name: _____ Date:_____/_____/_____

Home Street Address: _____ Home Phone: _____

City:_____State:_____ Zip Code_____

Date of Birth: ____/____/_____ Age: _____ Sex: _____ Social Security #: _____- ____-_____

Cell Phone: _____ Email address: _____

Employer: _____ Work Phone #:_____

Spouse's Name: _____ Work Phone #:_____

Name Of Parents If Patient Is A Dependant Child: _____

Nearest Relative Not Living With You:_____ Phone#:_____

Emergency Contact Person: _____ Phone#: _____

How Did You Hear About Us? Friend or Associate (please give their name) _____

Yellow Pages (under which listing?) _____ News Article _____

Newspaper Advertisement (which paper?) _____ Other _____

_____

PATIENT HEALTH HISTORY

What is your major complaint: _____

_____

Other complaints: _____

_____

How long have you had this condition? _____

_____

Have you ever had this or a similar condition in the past? _____

How long has it been since you REALLY felt good? _____

List previous diagnosis and treatments you have received prior to your present complaints: _____

_____

List any serious illnesses or surgical operations with dates or approximate dates: _____

_____

List all medications that you are currently taking, both over the counter and prescription. Please include pill strength and number taken per day (use back of this page if needed): _____

_____

FAMILY HEALTH HISTORY

Many health conditions are the result of hereditary predisposition; this information about your family members will give us a better perspective of your total health picture.

Relationship to Yourself	Please List Any Significant Health Problems

GENERAL CONSENT FOR MEDICAL SERVICES

I am requesting health care services to be provided by Dr. Clark Hansen, N.M.D. and his designated associate staff members and technicians as directed by him as he may determine to be required for my care.

I understand that this agreement to accept these services is called a General Consent and that it includes routine diagnostic, and laboratory testing procedures or treatments such as blood drawing, physical examination, EKG, the use of local anesthesia, as well as the administration medications by Intramuscular or Intravenous injections.

I understand that, as with all medical procedures, the results of the medical treatments and procedures at the Hansen Clinic, including blood draws, injections, IVs, PRP, etc, are not without risk including, bruising, soreness, possible infection, etc, and cannot be entirely predicted or guaranteed. Although, Dr. Hansen has had great success in treating thousands of patients over his 30+ years of practice, neither he nor his staff can give any certain guarantee of the individual outcome or success you may have. However, we promise to treat you with our full attention and integrity using the best of our expertise and years of experience.

We are required by law to abide by the standards and requirements of *HIPAA* (the Health Insurance Portability and Accountability Act*)*, which was established in 1996 to protect the privacy of the individuals' medical records and other personal health information. I authorize the Hansen Clinic to comply with these privacy laws and to release all or part of my medical records to other referred health care providers, insurance companies, or medical entities as required for my medical care.

Signature of Patient: _____ Date: _____

TERMS OF PAYMENT

Payment for the services and dispensary items is due in full at the time such services or dispensary items are given. All sales are final. No refunds can be given for medical services, prescriptions, or supplements without specific individualized determination and prior authorization by Dr. Hansen. We accept cash, checks, MasterCard, Visa, American Express, or Discover Cards. Returned checks are subject to a $25.00 collection fee. Missed appointments or appointments cancelled less than 24 hours in advance are subject to a $50.00 charge for the prevention of services that could have been provided to another patient during that time.

I, the undersigned, certify that the “Confidential Patient Information”, above is true and correct to the best of my knowledge and agree to notify you in the event of any change thereto. I have read and agree to the “Terms of Payment”, stated herein.

Signature of Patient:_____Date*:* _____

Comprehensive Health Assessment

Name: **Date:**

Directions: In order to provide you with a comprehensive health assessment and plan, we need you to carefully compete the following questionnaire. Please select the answer that most closely matches the severity and/or frequency of your symptoms: 0 = None or Never; 1 = Mild or Occasional; 2 = Moderate or Frequent; 3 = Severe or Most of the Time

Section 1: Mental & Emotional

	0	1	2	3		0	1	2	3		0	1	2	3
1. Anxiety					7. Poor memory					13. Irritable				
2. Nervousness					8. Impatient					14. Cry Easily				
3. Depression					9. Moodiness					15. Jittery/Shaky				
4. Poor Concentration					10. Indecisive					16. Anger				
5. Mental dullness					11. Fears					17. Grief				
6. Apathy					12. Perfectionist					18. Worry				

Section 2: Energy & Metabolism

	0	1	2	3		0	1	2	3		0	1	2	3
1. Restless/Hyper					5. Hot tendency					9. Overweight				
2. Fatigue/Lethergy					6. Fevers					10. Underweight				
3. Cold tendency					7. Perspiration					11. Tired after eating				
4. Cold hands & feet					8. Night Sweats					12. Need coffee in AM				

Section 3: Skin & Hair

	0	1	2	3		0	1	2	3		0	1	2	3
1. Dry					7. Psoriasis					13. Hair loss				
2. Oily					8. Brown (Age) Spots					14. Dark under eyes				
3. Acne					9. Warts					15. Swelling under eyes				
4. Rashes					10. Bruising					16. Brittle nails				
5. Hives					11. Moles					17. Cellulite				
6. Itching					12. Red spots or bumps					18. Wrinkles				

Section 4: Head/Eyes/Ears/Nose/Throat

	0	1	2	3		0	1	2	3		0	1	2	3
1. Headaches					9. Itching ears					17. Swollen glands				
2. Eye strain					10. Sinus problems					18. Bleeding gums				
3. Visual disturbances					11. Nasal congestion					19. Receding gums				
4. Poor night vision					12. Runny nose					20. TMJ (Click/Pain)				
5. Hayfever Allergies					13. Post nasal drip					21. Canker sores				
6. Poor hearing					14. Sneezing					23. Cold sores (Herpes)				
7. Ringing in ears					15. Poor sense of taste					24. Nose bleeds				
8. Earches					16. Sore throats					25. Fullness in throat				

0 = None or Never; 1 = Mild or Occasional; 2 = Moderate or Frequent; 3 = Severe or Most of Time

Section 5: Lung/Respiratory System

	0	1	2	3		0	1	2	3		0	1	2	3
1. Cough or phlegm					4. Bronchitis					7. Exposure to smog				
2. Difficulty breathing					5. Asthma					8. Smoking tobacco				
3. Pneumonia					6. Pleurisy					# Cigaretts / day _____				

Section 6: Cardiovascular

	0	1	2	3		0	1	2	3		0	1	2	3
1. Chest pain					6. Lack of exercise					11. Swelling in ankles				
2. Irregular heart beats					7. Rapid pulse (>84)					12. Cold extremities				
3. High blood pressure					8. Heart palpitations					13. Varicose veins				
4. High Chol (>200)					9. Heaviness in legs					14. Heart attack				
5. High Trig (>130)					10. Pain in legs/walking					15. Stroke				

Section 7: Immune Function

	0	1	2	3		0	1	2	3		0	1	2	3
1. Colds					5. Slow wound healing					9. Cold Sores/Herpes				
2. Flus					6. Fevers					10. Childhood vaccines				
3. Slow recovery					7. Frequent Antibiotics					11. Chronic Fatigue				
4. Swollen glands					8. Sore throats					12. Shingles (Zoster)				

Section 8: Gastrointestinal Tract

	0	1	2	3		0	1	2	3		0	1	2	3
1. Appetite					8. Mucous in stools					15. Heartburn				
2. Thirst					9. Dark stools					16. Abdominal Pain				
3. Burping					10. Light stools					17. Hemorrhoids				
4. Bloating					11. Hard stools					18. Itching in rectum				
5. Gas (Flatulence)					12. Thin stools					19. Fatigue after eating				
6. Constipation					13. Nausea					20. Gallstones				
7. Loose Stools					14. Vomiting					21. Ulcer				

Section 9: Urinary Tract

	0	1	2	3		0	1	2	3		0	1	2	3
1. Frequent urination					6. Dripping after urine					11. Bed wetting				
2. Urgency to urinate					7. Involuntary Urine					12. Full sensation				
3. Awaken to urinate					8. Cloudy urine					13. Straining				
4. Pain while urinating					9. Strong odor to urine					14. Flank/Kidney pain				
5. Hard to start urine					10. Urinary infections					15. Kidney Stones				

Section 10: Sleep

	0	1	2	3		0	1	2	3		0	1	2	3
1. Difficulty falling asleep					3. Waking in the night					4. Need > 9 hrs sleep				
2. Restless Sleep					# times awakened _____					5. Awaken groggy				

0 = None or Never; 1 = Mild or Occasional; 2 = Moderate or Frequent; 3 = Severe or Most of Time

Section 11: Musculoskeletal

	0	1	2	3		0	1	2	3		0	1	2	3
1. Joint pain					5. Muscle cramps					9. Auto accident				
2. Neck pain					6. Stiffness					10. Disc herniation				
3. Back pain					7. Arthritis					11. Spinal curvature				
4. Muscle spasms					8. Tendinitis/Bursitis					12. Loss of height				

Section 12: Neurological

	0	1	2	3		0	1	2	3		0	1	2	3
1. Loss of balance					3. Numbness					5. Trembling				
2. Lightheaded or dizzy					4. Tingling					6. Poor Coordination				

Section 13: Men Only

	0	1	2	3		0	1	2	3		0	1	2	3
1. Lack of Libido					4. Lack of Sexual Fantasy					7. Enlarged Prostate				
2. Decreased muscle tone					5. Inguinal hernia					8. Genital Warts				
3. Erectile dysfunction					6. Sagging of genitals					9. Genital Herpes				

Section 14: Women Only

Premenstrual Symptoms (PMS)

	0	1	2	3		0	1	2	3		0	1	2	3
1. Irritability / Upset easily					4. Weight Gain					7. Headaches				
2. Sadness / Tearfulness					5. Water Retention					8. Acne				
3. Breast Tenderness					6. Bloating					9. Cramps before menses				

Menstrual Symptoms

	0	1	2	3		0	1	2	3					
1. Cycle > 30 dayas					5.Cramping with menses					9. Long menses (> 5days)	N			Y
2. Cycle < 28 days					6. Cramping between periods					10. Short menses (<5days)	N			Y
3. Heavy menses					7. Bloating					11. Missed periods	N			Y
4. Light menses										12. Spotting or bleeding between periods	N			Y

Other Femal Problems

	0	1	2	3		0	1	2	3		0	1	2	3
1. Fibrocystic breast lumps	N			Y	6. Birth Control Pill	N			Y	11. Infertility	N			Y
2. Breast nipple retraction	N			Y	7. Hot Flashes					12. Miscarriages	N			Y
3. Uterine Fibroids	N			Y	8. Vaginal Dryness					13. Premature Delivery	N			Y
4. Ovarian Cysts	N			Y	9. Painful intercourse					14. Post Partum Depression	N			Y
5. Abnormal PAP smear	N			Y	10. Low sex drive					15.Mother had Breast Cancer	N			Y
										16. Aunt had Breast Cancer	N			Y

HORMONES: 0=None or Never, 1=Mild or Infrequent, 2=Moderate or Frequent, 3=Severe or Most of the Time

Aldosterone Deficiency

	0	1	2	3		0	1	2	3		0	1	2	3
1. Fatigue easily					4. Crave salty foods					7. Frequent urination				
2. Feel Faint					5. Lightheaded					8. High Thirst				
3. Low Blood Pressure					6. Feel best lying down									

Aldosterone Excess

	0	1	2	3		0	1	2	3		0	1	2	3
1. Swollen feet or ankles					4. Elevated blood pressure					7. Low thirst				
2. Swollen face					5. Headaches									
3. Redness to face					6. Decreased urination									

Cortisol Deficiency

	0	1	2	3		0	1	2	3		0	1	2	3
1. Unrefreshing Sleep					7. Low blood pressure					13. Irritable Bowel Syndrome				
2. Exhausted/fatigued easily					8. Light-headedness or dizziness					14. Arthritis, inflammation				
3. Slow to recover from exertion					9. Easily distracted or confused					15. Muscle weakness				
4. Anxiety at the end of the day					10. Low blood sugar (hypoglycemia)					16. Dark circles under eyes				
5. Feel drained by stress					11. Shaky, or weak if miss a meal					17. Waking frequently at 2-3AM				
6. Irritable, angry, or easily upset					12. Allergies, eczema, or asthma					18. Lack of self-confidence				

Cortisol Excess

	0	1	2	3		0	1	2	3		0	1	2	3
1. Abdominal fat accumulation					5. Fat hump on upper back					9. Wrinkling of the skin				
2. Rapid heart rate					6. Acid stomach or heartburn					10. Feeling Reved-up or "On Edge"				
3. Elevated blood pressure					7. Thinning bones									
4. Round fatty face					8. Thin skin									

DHEA Deficiency

	0	1	2	3		0	1	2	3		0	1	2	3
1. Abdominal fat accumulation					5. Low tolerance to noise					9. Loss of pubic and underarm hair				
2. Constant tiredness					6. Nervousness, anxiety, worries					10. Erectile Dysfunction				
3. Memory weakness					7. Irritability									
4. Lack of calmness					8. Decreased sex drive									

DHEA Excess

	0	1	2	3		0	1	2	3		0	1	2	3
1. Facial Hair					3. Irregular Menstrual Cycles					5. Increased loss of hair on head				
2. Acne					4. Irritability / Restlessness					6. Irregular heart beats				

Estrogen Deficiency

	0	1	2	3		0	1	2	3		0	1	2	3
1. Thinning of the skin (decreased collagen)					5. Vaginal dryness					9. Irritability, upset easily				
2. Osteoporosis or Osteopenia					6. Droopy breasts					10. Fatigue, tiredness				
3. Wrinkles around the eyes and mouth					7. Disturbed, unrefreshing sleep					11. Lack of sexual desire / arousal				
4. Hot flashes					8. Depression, Tearfulness					12. Lack of attraction to partner				

Estrogen Excess

	0	1	2	3		No			Yes					
1. PMS Breast Tenderness					6. Breast Cancer-Self									
2. Acne					7. Breast Cancerin Mother or Aunt									
3. Migraines					8. Uterine Cancer									
4. Endometriosis					9. Ovarian Cancer									
5. Polycystic Ovarian Syndrome					10. Large Breast size									

Growth Hormone Deficiency

	0	1	2	3		0	1	2	3		0	1	2	3
1. Sagging skin					8. Poor kidney function					15. Graying hair				
2. Sagging breasts					9. Weak heart beat					16. Ridges in finger nails-longwise				
3. Fat hips and thighs					10. Thinning of the skin					17. Anxiety				
4. Love handles					11. Osteoporosis or Osteopenia					18. Prefer to avoid social activities				
5. Cellulite					12. Arthritis (joint pains/stiffness)					19. Lack of self-confidence				
6. Bloated face					13. Wrinkles around mouth & eyes					20. Depression				
7. High blood pressure					14. Double chin					21. Stressed_out easily				

Growth Hormone Excess

	0	1	2	3		0	1	2	3		0	1	2	3
1. Elevated blood sugar					2. Polyps in Large Intestine					3. Skin Tags				

Melanocyte Stimulating Hormone

	0	1	2	3		0	1	2	3		0	1	2	3
1. Lowered sex drive, arousal					5. Men: Decreased ejaculation vol.					9. Flat hair-lacking volume or curl				
2. Women: decreased lubrication					6. Excessive Appetite					10. Sunburn Easily				
3. Men: Erectile Dysfunction					7. Tendency to be overweight					11. Difficulty tanning				
4. Men: Decreased firmness					8. Early graying of hair					12. Pale or whitish skin or face				

MSH Excess

	0	1	2	3		0	1	2	3		0	1	2	3
1. Dark Skin and Hair					4. High Sexual Sensitivity					7. Nervousness				
2. Excessive pigmentation					5. Loss of appetite					8. Excessive weight loss				
3. High sex drive					6. Nausea									

Oxytocin Deficiency

	0	1	2	3		0	1	2	3		0	1	2	3
1. Introverted					6. Doesn't smile much					11. Intellectual, rational type				
2. Lack of desire to socialize					7. Women: Low sex drive or arousal					12. Painful muscles / Fibromyalgia				
3. Irritability					8. Men Few or no ejaculations					13. Pale cheeks that don't flush				
4. Not very affectionate					9. Infrequent orgasms					14. Dry eyes				
5. Emotionally flat					10. Lack of interest in others									

Oxytocin Excess

	0	1	2	3		0	1	2	3		0	1	2	3
1. Overly affectionate, dependent					2. Excessive sex drive					3. Flushed cheeks				

Pregnenolone Deficiency

	0	1	2	3		0	1	2	3		0	1	2	3
1. Poor Memory					4. Feel stressed easily					6. Fatigue				
2. Poor cognitive function					5. Depression					7. Joint Pains or Arthritis				
3. Poor Concentration														

Progesterone Deficiency

	0	1	2	3		0	1	2	3		0	1	2	3
1. PMS moodiness					5. Large breasts					9. Heavy menstrual flow				
2. Irritability					6. Difficulty sleeping					10. Menstrual cramping				
3. Breast tenderness B4 menses					7. Restless Sleep					11. Abdominal bloating				
4. Swollen breasts before menses					8. Overactive mind preventing sleep									

Progesterone Excess

	0	1	2	3		0	1	2	3		0	1	2	3
1. Depression					3. Extreme sleepiness					4. Infrequent menstrual periods				
2. Fatigue														

Testosterone Deficiency

	0	1	2	3		0	1	2	3		0	1	2	3
1. Lack of sex drive, or interest					7. Nervousness, anxiousness					13. High blood pressure				
2. Difficulty attaining erections					8. Gray hair					14. High Cholesterol				
3. Lack of orgasms					9. Wrinkles and fine lines					15. Fat abdomen, love handles				
4. Lack of sexual sensitivity					10. Tired all the time					16. Fat hips and thighs				
5. Lack of attraction to partner					11. Poor sleep					17. Lack of muscles				
6. Depression					12. Memory weakness					18. Joint pains, arthritis				

Testosterone Excess

	0	1	2	3		0	1	2	3		0	1	2	3
1. Sex drive / thoughts excessive					3. Male pattern baldness					5. Irritability				
2. Agressiveness					4. Oily skin					6. Acne				

Thyroid Hormone Deficiency

	0	1	2	3		0	1	2	3		0	1	2	3
1. Cold - especially hands and feet					8. Puffy eyelids					15. Forgetfullness				
2. Fatigue, tiredness					9. Thinning hair over entire scalp					16. Foggy thinking				
3. Sluggishness					10. Brittle or peeling fingernails					17. Depression				
4. Low body temperature					11. Inability to lose weight					18. Swelling under eyes				
5. Constipation					12. Gain weight easily					19. Swelling of arms or legs				
6. Hard stools					13. Heavy menses					20. Heartbeat faint/inaudible				
7. Thinning eye brows, outer third					14. Painful menses					21. Fullness in throat				

Thyroid Hormone Excess

	0	1	2	3		0	1	2	3		0	1	2	3
1. Rapid Heart Rate					5. Easy sweating					9. Shaky hands or tremor				
2. Restlessness					6. Warm skin					10. Protruding or bulging eyes				
3. Palpitations					7. Insomnia									
4. Short or infrequent menses					8. Weight loss									

Vitamin D Deficiency

	0	1	2	3		0	1	2	3					
1. Frequent colds & flus					5. Infertility					9. Osteopenia (mild bone loss)	No		Yes	
2. Periodontal disease / Gingivitis					6. High blood pressure					10. Osteoporosis (major bone loss)	No		Yes	
3. Fatigue					7. Chronic pain									
4. Depression					8. Arthritis									

Vitamin D Excess

	0	1	2	3		0	1	2	3		0	1	2	3
1. Muscle weakness					3. Apathy / No Intersets					5. Bone pain				
2. Headaches					4. Nausea & Vomiting									

Neurohormones: 0=None or Never, 1=Mild or Infrequent, 2=Moderate or Frequent, 3=Severe or Most of the Time

Dopamine Deficiency

	0	1	2	3		0	1	2	3		0	1	2	3
Sadness / Depression					Low energy physically & mentally					Addictive tendencies				
Apathy / lack of usual interests					Lack of motivation/enthusiasm					Shakiness/tremor of hands				
Lack of emotions / blah or flat					Lack of satisfaction/unfulfilled					Obsessive/compulsive tendencies				

Norepinephrine Deficiency

	0	1	2	3		0	1	2	3		0	1	2	3
Sadness / Depression					Difficulty focusing/concentrating					Erectile Dysfunction				
Apathy / Lack of usual interests					Low energy									
Poor attention / Easily distracted					Lack of motivation									

Epinephrine Deficiency

	0	1	2	3		0	1	2	3		0	1	2	3
Low blood pressure					Depression					Difficulty focusing/concentrating				
Poor muscle tone					Poor attention / Easily distracted					Low energy				

Serotonin Deficiency

	0	1	2	3		0	1	2	3		0	1	2	3
Depression					Chronic muscle pain/Fibromyalgia					Irritable Bowel Syndrome (IBS)				
Anxiety					Irritability					Constipation alternates w/diarrhea				
Difficulty coping with stress					Poor focus/Inability to concentrate					Carbohydrate Cravings				
Difficulty falling or staying asleep					Obsessive /compulsive behavior					Weight gain				
Fatigue					Migraine headaches									

Melatonin Deficiency

	0	1	2	3		0	1	2	3		0	1	2	3
Difficulty falling asleep					Lack of dreaming					Blood Clots				
Waking frequently					Fatigue					Heart Irregularities/Pains				
Difficulty getting back to sleep if wakes					Depression					Family history of breast cancer				
Light sleeper					Anxiety					Family history of prostate cancer				
Awaken unrefreshed					Irregular Menstrual Periods					Prematurely gray				

GABA Deficiency

	0	1	2	3		0	1	2	3		0	1	2	3
Anxiety					Nervousness					Difficulty turning off thoughts				
Insomnia					Panic attacks					Excessive worries				
Stressed/Hurried/Pressured					Heart palpitations					Irrational thoughts				
Difficulty relaxing					Difficulty falling asleep					Suicidal thoughts				