

# ANTI-AGING QUESTIONNAIRE

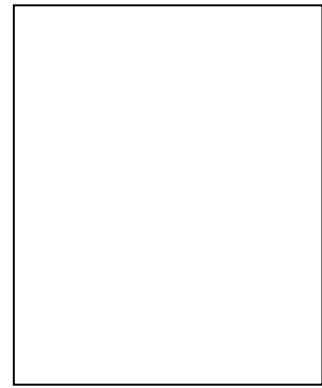
Name:

Age:

Weight (kg):

Height (cm):

Date:



PHOTO

## General Medical History:

Please list the main reason or complaint that led you to take this medical consultation :

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please briefly state your health conditions, past & current medical history, surgical operations and medications (if any).

Please bring ALL your medications with you by the time of the consultation.

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Are you (or were you) on any medications?

In the past? Yes  \_\_\_\_\_ No

If yes, which ones, dosage, when, for how long?

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Recently? Yes  \_\_\_\_\_ No

If yes, which ones, dosage, when, for how long?

Do you smoke? No  Yes  if yes, how many cigarettes a day? \_\_\_\_\_

Do you drink alcohol regularly? No  Yes  if yes, how much per day (in liter) ? \_\_\_\_\_

## NOTE:

**Please bring a copy of any Blood / Urine / Saliva Test and / or Medical Report (MRI, CT-Scan, Heart Ultrasound, Gynecological Ultrasound, Electrocardiogram, Stress Test, etc).**

## Family Medical History

Please indicate any member of your family (grandparents, parents, brothers, sisters, aunts and uncles, your children) who suffers from the following (if yes, please indicate his or her relationship to you.)

(A cross  means YES, a blank  means NO)

### MOTHER's side

- |  |   |
|--|---|
| <input type="checkbox"/> Overweight          | <input type="checkbox"/> Rheumatism                         |
| <input type="checkbox"/> Underweight         | <input type="checkbox"/> Gout                               |
| <input type="checkbox"/> Depression          | <input type="checkbox"/> Heart attack                       |
| <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Legs arteriosclerosis              |
| <input type="checkbox"/> Migraine            | <input type="checkbox"/> Stomach ulcer                      |
| <input type="checkbox"/> Eczema              | <input type="checkbox"/> Gallstones                         |
| <input type="checkbox"/> Psoriasis           | <input type="checkbox"/> Kidney stones                      |
| <input type="checkbox"/> Acne                | <input type="checkbox"/> Juvenile diabetes                  |
| <input type="checkbox"/> Lung emphysema      | <input type="checkbox"/> Maturity onset diabetes            |
| <input type="checkbox"/> Chronic bronchitis  | <input type="checkbox"/> Precocious puberty = Before age 12 |
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Late puberty = After age 15        |
| <input type="checkbox"/> Lung tuberculosis   | <input type="checkbox"/> Breast cancer                      |
| <input type="checkbox"/> Bedwetting          | <input type="checkbox"/> Prostate cancer                    |
| <input type="checkbox"/> Allergies           | <input type="checkbox"/> Osteoporosis                       |
| <input type="checkbox"/> Goiter              | <input type="checkbox"/> Osteoarthritis                     |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Parkinson's disease                |
| <input type="checkbox"/> Low blood pressure  | <input type="checkbox"/> Alzheimer's disease                |

## FATHER's side

- |  |   |
|--|---|
| <input type="checkbox"/> Overweight          | <input type="checkbox"/> Rheumatism                         |
| <input type="checkbox"/> Underweight         | <input type="checkbox"/> Gout                               |
| <input type="checkbox"/> Depression          | <input type="checkbox"/> Heart attack                       |
| <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Legs arteriosclerosis              |
| <input type="checkbox"/> Migraine            | <input type="checkbox"/> Stomach ulcer                      |
| <input type="checkbox"/> Eczema              | <input type="checkbox"/> Gallstones                         |
| <input type="checkbox"/> Psoriasis           | <input type="checkbox"/> Kidney stones                      |
| <input type="checkbox"/> Acne                | <input type="checkbox"/> Juvenile diabetes                  |
| <input type="checkbox"/> Lung emphysema      | <input type="checkbox"/> Maturity onset diabetes            |
| <input type="checkbox"/> Chronic bronchitis  | <input type="checkbox"/> Precocious puberty = Before age 12 |
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Late puberty = After age 15        |
| <input type="checkbox"/> Lung tuberculosis   | <input type="checkbox"/> Breast cancer                      |
| <input type="checkbox"/> Bedwetting          | <input type="checkbox"/> Prostate cancer                    |
| <input type="checkbox"/> Allergies           | <input type="checkbox"/> Osteoporosis                       |
| <input type="checkbox"/> Goiter              | <input type="checkbox"/> Osteoarthritis                     |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Parkinson's disease                |
| <input type="checkbox"/> Low blood pressure  | <input type="checkbox"/> Alzheimer's disease                |

Please answer the following questions truthfully:

(A cross (X) means YES, a blank means NO)

### Section 1

Do you experience or feel...

1.  thin(ner) hair
2.  thin(ner) skin
3.  nails with longitudinal lines
4.  a deeply wrinkled face
5.  bags under the eyes
6.  sagging cheeks
7.  thinner lips
8.  retracted gums
9.  thinned jaw (bones)
10.  loose skin folds under the chin
11.  sagging body silhouette
12.  bowed back (more than before)
13.  weight loss
14.  overweight (or even obesity)
15.  poorly (or less) muscled shoulders
16.  dropping triceps (muscle at the back of the arm)
17.  poorly (or less) muscled & wrinkled hands
18.  poorly (or less) muscled hips
19.  poorly (or less) muscled buttocks
20.  dropping inner sides of the thighs
21.  flabby, dropping belly
22.  fat cushions just above the knees
24.  lower quality of life
25.  a poor health
26.  often sick
27.  easily infected
28.  a poor appetite for meat
29. your muscles are :  less tonic
30.  decreased in volume
31.  poor or decreased muscle strength
32.  easily exhausted
33.  constant tiredness
34.  difficulty to stay up late (after midnight)
35.  difficulty to recover after staying up late (after midnight)
36.  a need for a lot of sleep
37.  a low resistance to stress

- 38.  difficulty recovering after a stressful situation
- 39.  powerless
- 40.  do you feel not aggressive or assertive enough
- 41.  are you too emotional
- 42.  a loss of self-control
- 43.  mood swings
- 44.  a low self-esteem
- 45.  anxious
- 46.  depression
- 48.  intolerance to cold
- 51.  thin muscles as a child
- 52.  thin bones as a child
- 53.  a tendency to isolate socially, to stay at home
- 54.  a sharp voice, screaming easily
- 55.  sharp verbal retorts
- 56. osteoarthritis:
  - neck
  - fingers
  - shoulders
  - knees
  - hips
  - feet
- 57.  osteoporosis
- 58.  can you easily skip meals ?

## Section 2

- 1.  a superficial nervous, anxious sleep
- 2.  difficulty for sleeping & falling back asleep (after awakening in the night)
- 3.  pondering too much about problems at night
- 4.  tendency of going late to bed and waking up late in the morning
- 5.  jet lag problems
- 6.  waking up too early with a heavy head in the morning
- 7.  sleeping too long, till late in the morning
- 8.  dreaming a lot.
- 9.  no dreams
- 10.  snore
- 11.  pass urine at night : once , twice , more ?

### Section 3

1.  sensitive to cold
2.  cold in the evening
3.  cold hands
4.  white dead fingers in the winter
5.  cold feet
6.  increased need for blankets in the winter
7.  a poor blood circulation
8.  tired
9.  tired when waking up in the morning
10.  tired at rest, when not moving
11.  reduced vitality
12.  apathetic (lacking "punch")
13.  sleepy during the day
14.  slow
15.  distraction
16.  constantly depressed
17.  headaches  around the eyes  
 at the side(s) of your head  
 at the back of the head  
 the whole head
18.  migraines  
if yes, with :  nausea, vomiting  
 visual problems
19.  a poor memory (capacity to retain information)
20.  a poor concentration (capacity to remain attentive)
21.  nervousness (inner tension)
22.  irritability
23.  swollen eyelids
24.  puffy face
25.  swollen hands
26.  swollen feet
27.  a tendency to gain weight easily
28.  constipation
29.  a poor appetite
30.  an exaggerated appetite
31.  a slow / difficult digestion (heavy stomach)
32.  intolerance to fats in your food
33.  bloating of lower belly after meals
34.  heartburn (acidic reflux)
35.  nose bleeding
36.  slow heart palpitations
37.  shortness of breath

38.  muscle cramps at night :  
   in the feet  
   in the calves  
   in the hands
41.  carpal tunnel syndrome
42.  stiff joints in the morning when getting out of bed
43.  joint pains? where?
44.  joint pains worsened by cold or wet weather
45.  a hoarse voice in the morning
46.  ear tingling
48.  deafness
49.  colds / stuffy nose
50.  a sore throat
51.  bronchitis
52.       a dry skin on :    the face
53.                                    the elbows
54.                                    the legs
55.  a poor perspiration
56.  brittle fingernails
57.  slow growing nails
58.  diffuse hair loss
59.  slow growing hair
60.  poor urine losses
61.  poor thirst (poor drinking)
62.       what do you prefer:    winter ?                    summer ?
63.       what do you prefer:    mountain ?                sea ?
64.  thinning of external part of eyebrows
65.  warts
66.  toenails fungal infections

#### Section 4

1.  a permanent feeling of excessive heat
2.  continuous excessive sweating
3.  too thirsty
4.  too hungry
5.  excess weight loss despite eating much
6.  abnormally nervous or overexcited
7.  abnormally anxious or aggressive
8.  a feeling of inner trembling
9.  fast heart palpitations or arrhythmia
10.  dark bags under the eyes
11.  dark lines on hand palms
12.  low blood pressure or dizziness when standing up quickly
13.  loss of hairs under the armpits and/or in the pubic area
14.  dandruffs
15.  sweaty hand palms/ feet soles
16.  go to the bathroom within one hour after drinking (difficulty keeping water)
17.  salt craving

#### Section 5

1.  how frequently do you have stools?
2.  how is it?
  - dark
  - light
  - sticky
  - foul smelling
  - hard
  - soft
  - watery
3.  dark urine?
4.  foam in urine?
5.  skin rash or flush after dairy?

## Section 6

## FOR WOMEN ONLY

Do you experience, suffer or feel :

1.  an older looking
2.  less interested in look & clothing
3.  less tonic (more} collapsed attitude
4.  a hearing loss
5. a problem with vision :  difficulty to read
6.  difficulty to see at a distance
7.  a dim, foggy sight
8.  bleeding gums
9.  tooth abscesses
10.  loss of teeth (how many? )
11.  wearing a tooth prosthesis or dental implants/amalgams (heavy metals, eg. lead)
12.  shortness of breath
13.  heart pains at stress or exercise
14.  joint pains:
15.  neck
16.  middle back
17.  lower back
18.  finger/hands/wrist
19.  elbows
20.  shoulders
21.  toes/hands/ankles
22.  knees
23.  hips
24.  a permanent fatigue
25.  a poor recovery after physical exercise
26.  less dynamic, more passive
27.  depressed the whole day
28.  a poor memory
29.  hot flushes
30.  excessive sweating
  - at night
  - during the day
  - at stress
31.  dry eyes
32.  dry mouth
33.  dry vagina
34.  pain during intercourse
35.  a pale skin

36. wrinkles:  on the forehead
37.  around the eyes
38.  around the mouth
39.  on the palm of the hands
40.  decrease in body hair (especially external part of lower legs)
41.  hair loss on the upper scalp
42.  small breasts
43.  droopy, flaccid, too much deflated breasts
44.  bladder infections or vaginal fungal infections
45.  urinary incontinence
46. first menstruation?  before 12 yrs  
 between 12-15 yrs  
 after 15 yrs
47. menopause, when?  before 48 yrs  
 between 48 and 52 yrs  
 after 52 yrs
48.  irregular menstrual cycle ? \_\_\_\_\_days No   
 too short cycle (26 days or less)  
 too long cycles (32 days or more);
49.  depression the days before menstruation
50.  menstruation with intermittent violent cramps
51.  heavy bleeding at menstruation
52.  ovulation pain (in the lower belly)
53. before your periods  painful swollen breasts
54.  painful swollen belly
55.  mood swings, irritability
- 55b.  food cravings, especially sugar cravings
56.  enlarged breasts
57.  cysts in the breasts
58.  cysts in the ovaries
59.  fibroids in the uterus
60.  endometriosis
61.  irritable (general)
62.  anxious (lack of serenity)
63.  too emotional (too sensitive)
64.  too rigid
65.  low resistance to physical exercise (sports)
66.  loss of sexual desire (libido)
67.  loss of sexual potency (orgasm)
68.  muscle loosening on:  the arms
69.  the legs
70.  loss of muscle strength

71. Fat excess in the following parts :  breasts
72.  belly
73.  hips, buttocks
74.  thighs (cellulite)
75.  a skin which burns easily in the sun
76.  varicose veins
77.  if yes, are they painful?
78.  hemorrhoids (piles)
79.  easy bruising
80.  wounds healing difficulty
81.  cellulite
82.  how many children do you have?
83.  how many pregnancies have you ever had ?
84.  how many therapeutic abortions?
85.  how many miscarriages?
86.  any preterm delivery?
87.  any complications during any pregnancy ?
- increased sugar ?
- increased blood
- pressure?
88.  stretch marks during pregnancy?
89.  twin pregnancy?
90.  breech position of the baby at delivery?
91.  Caesarean section (C-section) at delivery? if yes, why?
- overweight baby
- breech position
- wrong position of placenta
- personal cosmetic or comfort reason
92.  Did you have tubal ligation? (surgical sterilization )
93.  Do you have an intra-uterine device (IUD)?
- if yes, which type (with or without hormones) ?
94.  Have you ever had hysterectomy (womb removal) ?
95.  In Vitro Fecundation (IVF) ?

## Section 6

## FOR MEN ONLY

1.  older looking
2.  messy clothing
3.  less tonic (more) collapsed attitude
4.  excess fat on the:  breasts
5.  belly
6.  thighs (cellulite)
7.  constant (background) tiredness
8.  poor recovery
10.  constantly depressed
11.  less dynamic, more passive
12.  memory loss
13.  decrease in creativity
14.  loss of order, carelessness
15.  irritable
16.  too emotional
17.  psychological rigidity (difficulty to adjust)
18.  graying hair
19.  hair loss on the upper scalp
20.  poor beard growth
21.  hair scarcity on:  the chest
22.  the belly
23.  the legs
24.  hearing loss
25.  difficulty to read ( presbyopia, farsightedness)
26.  to see at a distance (myopia)
27.  a dim, foggy sight (cataract)
28.  bleeding gums
29.  tooth abscesses
30.  loss of teeth (how many ?)
31.  wearing a tooth prosthesis (1 or 2 ? )
32.  dry eyes
33.  dry mouth
34.  a pale skin
35.  your skin burns easily in the sun
36.  wrinkles:  on the forehead
37.  around the eyes
38.  the mouth
39.  on the hand palms
40.  weak heart beats (a poor tonic heart)
41.  shortness of breath (when physically busy)
42.  pain in the heart at stress or exercise

- 43.  hemorrhoids
- 44.  varicose veins
- 45.  if yes, are they painful ?
- 46.  must stop walking because of pain in calves
- 47.  ulcers at the ankles or toes
- 48.  easy bruising
- 49.  wounds healing difficulty
- 50. muscle loosening on:  the arms and legs
- 51.  the belly
- 52.  loss of muscle strength
- 53.  joint pains
- 54.  neck pain
- 55.  middle back pain
- 56.  low back pain
- 57. joint pains in:  fingers/hands/wrists
- 58.  elbows
- 59.  shoulders
- 60.  toes/feet/ankles
- 61.  knees
- 62.  hips
- 63.  hot flushes
- 64.  intense sweating (when? night / day / stress)
- 65.  difficulty to urinate (poor urine flow)
- 66.  loss of drops of urine after urination
- 67. frequent needs to urinate :  during the day
- 68.  at night
- 69.  burning sensation when urinating

## FOR ADULTS

- 70.  swollen prostate
- 71.  urine incontinence
- 72.  loss of sexual desire (libido)
- 73.  loss of sexual potency (orgasm)
- 74. sex performance as follows :  decreased frequency of intercourse
- 75.  decreased frequency of erections
- 76.  decreased firmness of erections
- 77.  decreased duration of erections
- 78.  decreased frequency of ejaculation
- 79.  decreased volume of ejaculation (sperm)