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Medical History Form

This document is provided as a *sample template* to assist licensed providers in collecting medical history. It is not intended to replace professional clinical judgment, medical expertise, or individualized patient care. Providers are encouraged to adapt this document to fit their practice needs and ensure compliance with applicable medical standards and legal requirements.

All information provided on this form is confidential and protected by law.

Patient Information Full Name: _____

Date of Birth: _____

Primary Phone: _____

Email: _____

Emergency Contact Name: _____

Relationship: _____

Phone: _____

Reason for Visit What is the primary reason for your visit today?

_____

_____

Medical History

Past Medical Conditions: (Please check all that apply to you) □ High Blood Pressure □ High Cholesterol □ Diabetes (Type 1 or 2) □ Heart Disease □ Heart Attack □ Stroke □ Asthma □ COPD / Emphysema □ Thyroid Disease □ Kidney Disease □ Liver Disease □ Cancer (Type: _____) □ Seizures / Epilepsy □ Arthritis □ Osteoporosis □ Anxiety □ Depression □ Bipolar Disorder □ Other:

_____

_____

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Past Surgical History: (Please list all surgeries and hospitalizations)

Surgery or Reason for Hospitalization	Approximate Date

Medications: (Please list ALL prescription drugs, over-the-counter medicines, vitamins, and supplements including peptides, NAD+, and other compounds)

Medication / Supplement Name	Dosage (e.g., 50mg)	How Often You Take It

Allergies:

□ No Known Allergies

Allergen (Medication, Food, Environment)	What was your reaction? (e.g., rash, swelling, difficulty breathing)

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Family History Has any immediate family member (parent, sibling, child) had any of the following conditions? □ Heart Disease □ High Blood Pressure □ Stroke □ Diabetes □ Cancer (Type: _____) □ Other: _____

Social History

- **Tobacco Use:** □ Never □ Former □ Current (If current, how much? _____)
- **Alcohol Use:** □ Never □ Rarely (special occasions) □ Weekly (Drinks per week: ___) □ Daily
- **Recreational Drug Use:** □ Yes □ No (This information is confidential and important for your safety).
- **Exercise:** How often do you exercise? _____ What type? _____
- **Occupation:** _____

(For Female Patients Only)

- **Are you pregnant or trying to become pregnant?** □ Yes □ No □ Not Sure
- **Date of your last menstrual period:** _____

Review of Systems: (Please check if you are currently experiencing any of the following)

- **General:** □ Unexplained Weight Loss/Gain, □ Fever, □ Chills, □ Fatigue
- **Eyes:** □ Vision Changes, □ Eye Pain, □ Redness
- **ENT:** □ Hearing Loss, □ Ringing in Ears, □ Sore Throat, □ Sinus Problems
- **Cardiovascular:** □ Chest Pain, □ Palpitations, □ Swelling in Legs
- **Respiratory:** □ Cough, □ Shortness of Breath, □ Wheezing
- **Gastrointestinal:** □ Nausea, □ Vomiting, □ Heartburn, □ Abdominal Pain, □ Diarrhea, □ Constipation
- **Neurological:** □ Headaches, □ Dizziness, □ Numbness/Tingling, □ Weakness
- **Psychiatric:** □ Anxiety, □ Depression, □ Trouble Sleeping

- **Skin:** ☐ Rashes, ☐ Itching, ☐ New or Changing Moles

Attestation and Signature

I certify that the information I have provided above is true, accurate, and complete to the best of my knowledge.

I understand that this information is essential for my diagnosis and treatment, and I acknowledge that withholding information about my health could be detrimental to my care. I will inform the provider of any changes to my medical history or medications in the future.

Patient Signature: _____

Date: _____

If interested in following memberships for Weight Loss, Anti-Aging, and Wellness treatments please fill out questionnaire below for screening and sign again below.

Weight Loss and GLP-1 Screening:

GLP-1 receptor agonists (like semaglutide, liraglutide, dulaglutide, exenatide, etc.) are effective in type 2 diabetes and obesity management, but they do have **important contraindications**:

Have you or a family member ever been diagnosed with the following?

1. Personal or family history of medullary thyroid carcinoma (MTC) YES NO

2. Multiple Endocrine Neoplasia syndrome type 2 (MEN2) YES NO

3. **Serious hypersensitivity reaction** to the drug or its components (e.g., anaphylaxis, angioedema) YES NO

If answered yes please explain below:

_____

Have you every been diagnosed or currently diagnosed with the following below?

- **History of pancreatitis** → risk of recurrence is uncertain but use is generally avoided.

  YES NO

- **Severe gastrointestinal disease** (e.g., gastroparesis, severe GERD, or bowel obstruction) → can worsen delayed gastric emptying.

  YES NO

- **Severe renal impairment** (especially with exenatide, since it is renally cleared; less of an issue with semaglutide/liraglutide).

  YES NO

- **Gallbladder disease** (increased risk of cholelithiasis and cholecystitis).

  YES NO

- **History of suicidal ideation/behavior** → caution, as some agents carry warnings for mood changes.

  YES NO

- **Pregnancy and breastfeeding** → not recommended due to limited safety data.

  YES NO

GLP-1 Use Disclosure and Health History Questionnaire

As part of your healthcare intake process, we ask that you provide accurate information about your medication history and any side effects you may have experienced. This information helps us better understand your health needs and ensures appropriate care and follow-up.

1. Use of Semaglutide, Tirzepatide and other (GLP-1 Receptor Agonists)

- Have you ever used Ozempic (semaglutide) or any other GLP-1 receptor agonist medications (e.g., Wegovy, Mounjaro, or similar medications commonly prescribed for diabetes or weight management)?

  □ Yes

  □ No

If yes, please provide the following details:

- Date you started taking the medication: _____

- Date you stopped taking the medication (if applicable): _____

2. Health Conditions and Side Effects Related to Ozempic or Similar Medications

While taking GLP-1 such as Ozempic (or similar medications), have you experienced any of the following? (Please check all that apply.)

□ Severe abdominal pain

□ Nausea or vomiting

□ Persistent gastrointestinal issues (e.g., diarrhea, constipation)

□ Signs of pancreatitis (e.g., upper abdominal pain radiating to the back, fever, rapid heart rate)

□ Gallbladder issues (e.g., gallstones, cholecystitis)

□ Kidney problems (e.g., decreased urination, swelling, fatigue)

□ Vision changes or blurred vision

□ Thyroid issues or lumps in the neck

□ Other (please describe): _____

3. Additional Information

If you answered "Yes" to using Ozempic or other GLP-1s or experiencing any of the above side effects, please share any additional details about your experience, including specific symptoms, treatments you received, and any ongoing health concerns:

_____

_____

_____

_____

_____

_____

_____

_____

Details About Your Symptoms or Complications

If you have experienced any of the side effects or conditions listed above, please provide additional details to help us better understand your experience:

Describe the nature of your symptoms or diagnosis:

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Approximate date when your symptoms began:

Treatments or medical interventions you have received (if any):

Are your symptoms ongoing or have they been resolved?

□ Ongoing
□ Resolved

Hospitalization, Surgery, or Ongoing Medical Treatment

Have you required hospitalization, surgery, or ongoing medical care due to any side effects or complications that you believe may be related to Ozempic or similar medications?

□ No

□ Yes (please describe): _____

_____

Unresolved Symptoms or Complications

Are you currently experiencing any unresolved symptoms, complications, or health issues that you believe may be connected to your use of Ozempic or similar medications?

□ No

□ Yes (please describe): _____

_____

Notice to Patients:

The information you provide is strictly confidential and protected under applicable privacy laws, including HIPAA. It will only be used to:

- Assess potential health risks associated with your medication history.
- Identify opportunities to provide you with additional care, support, or resources.
- Where applicable, connect you with professionals who specialize in addressing complications related to specific medications, including potential legal advocacy if you qualify.

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In some cases, individuals who have experienced serious side effects or complications from medications like Ozempic may be eligible for additional resources or advocacy. Would you like to be contacted by our team or referred to a legal professional, regarding additional information or assistance related to complications from Ozempic or similar medications?

□ Yes

□ No

By signing below, I confirm that the information provided is accurate to the best of my knowledge and that I understand the information disclosed will be used to support my care and, where applicable, to assess potential risks associated with my medication history.

Signature: _____ Date: _____

Printed Name: _____

Wellness Treatment Screenings:

NAD+ Screening:

- **Have you every had a Known hypersensitivity to NAD^+ formulations or excipients?**

  YES NO

- **Have you every been diagnosed with Severe liver or kidney failure?** → impaired metabolism/clearance.

  YES NO

- **Are you currently or plan on being Pregnant and breastfeeding** → no established safety.

  YES NO

- **Do you have Active malignancy or previous history of cancer?** → NAD^+ can support DNA repair and cellular metabolism, raising theoretical concerns about fueling tumor growth.

  YES NO

- **Do you have a strong family history of Cancer or tested positive for cancer markers?**

  YES NO

- **Do you have history of gout or hyperuricemia** → NAD^+ precursors (like NMN, NR, niacin) can increase uric acid levels.

  YES NO

- **Do you have history of hypotension, arrhythmias, or autonomic instability?** → rapid IV NAD^+ infusion may cause flushing, dizziness, chest tightness, or blood pressure changes.

  YES NO

- **Do you have a Migraine history?** → infusions can trigger headaches.

  YES NO

- **Have you had any Recent chemotherapy / use of PARP inhibitors** → possible antagonistic effects, since some cancer drugs rely on NAD^+ depletion.

  YES NO

- **Do you have history of Renal impairment** → use caution, especially with long-term NAD^+ precursor supplementation.

  YES NO

- **Are you currently on Concurrent high-dose niacin or other NAD^+ boosters** ?→ may increase risk of flushing, hepatotoxicity, or hyperuricemia.

  YES NO

Methylene Blue Screening:

Methylene blue (MB) has very specific contraindications you should know about, because in some settings it can cause severe harm.

Please check all that apply:

1. **Have you or a family member ever been diagnosed G6PD deficiency?** → risk of severe hemolysis and worsening methemoglobinemia. YES NO

2. Do you have any known hypersensitivity to methylene blue? YES NO

3. **Are you currently pregnant?** → associated with fetal intestinal atresia, hemolytic anemia, and other malformations. YES NO

4. **Are you currently or plan on Breastfeeding** → methylene blue is excreted in breast milk; risk of hemolytic anemia in infants. YES NO

5. Are you currently or planing on taking serotonergic drugs (SSRIs, SNRIs, MAOIs, certain opioids, linezolid, etc.) ?→ risk of serotonin syndrome, since methylene blue is a potent monoamine oxidase inhibitor (MAOI). YES NO

6. **Have you ever been diagnosed with Severe renal impairment** ? when high doses are planned → drug and metabolite accumulation increases risk of toxicity. YES NO

7. **Have you ever been diagnosed with Pulmonary disease or reduced oxygenation?** → MB can transiently impair oxygen delivery. YES NO

8. Have you ever been diagnosed with Known hemolytic anemias (other than G6PD)? → risk of exacerbation. YES NO

9. **Have you every had reaction to High-dose or rapid IV administration?** → can cause paradoxical methemoglobinemia, cardiac arrhythmias, or severe hypotension. YES NO

10. **Have you every been diagnosed with glucose metabolism disorders** → MB metabolism relies partly on NADPH and glucose pathways. YES NO

Screening for Peptides:

1. Sermorelin (GHRH analog)

- Have you every had Hypersensitivity to sermorelin or excipients?

YES NO

- Do you have Active cancer or suspected malignancy (stimulates GH/IGF-1, which may fuel tumor growth)?

  YES NO

- Are you currently or plan one being pregnant and breastfeeding?

  YES NO

- Have you every been diagnosed with Pituitary tumors or pituitary dysfunction?

  YES NO

- Do you have Uncontrolled diabetes or insulin resistance? (GH can worsen glycemia)

  YES NO

- Do you have Intracranial hypertension history? (rare with GH therapies)

  YES NO

- Are you currently on Concurrent high-dose glucocorticoids? (blunt GH response)

  YES NO

2. BPC-157 (Body Protection Compound, experimental peptide)

- Have you ever had Hypersensitivity to the compound/formulation?

  YES NO

- Are you currently or plan on being pregnant and breastfeeding? (no safety data)

  YES NO

- Do you have active malignancy or history of previous Cancers? → theoretical concern that angiogenesis-promoting effects could support tumor growth

  YES NO

- Have you every been diagnosed with clotting disorders or on anticoagulants? → unclear interaction, but animal studies suggest BPC-157 may influence nitric oxide pathways and vascular healing

YES NO

- Do you have history of cardiovascular disease? → caution due to potential effects on angiogenesis and blood vessel remodeling

  YES NO

3. GHK-Cu (Copper peptide)

- Do you have history Hypersensitivity to copper or peptide formulation?

  YES NO

- Do you have history of Wilson's disease or family history of Wilson's disease?(copper accumulation disorder)

  YES NO

- Do you have history of Severe renal or hepatic impairment? (risk of copper dysregulation)

  YES NO

- Do you have Active malignancy → copper peptides can stimulate angiogenesis and cell proliferation?

  YES NO

- Are you currently pregnant or breastfeeding? (no safety data)

  YES NO

- Have you every been diagnose with known copper metabolism disorders? (e.g., Menkes disease)

  YES NO

- Are you on Concurrent use of high-dose copper supplements? (risk of copper overload)

  YES NO

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Glutathione (GSH) Screening

GSH is widely used in functional medicine and integrative care (oral, IV, inhaled, topical), but like other biologics it does have some **contraindications and cautions**. Because it's a naturally occurring antioxidant, outright contraindications are few, but clinical context matters.

- **Have you had Known hypersensitivity to glutathione or formulation components?** (rare, but documented with IV use).

  YES NO

- **Do you have Asthma with history of bronchospasm?** → inhaled glutathione can trigger wheezing and bronchospasm.

  YES NO

- **Are you currently Pregnant or Breastfeeding?**→ not enough safety data for therapeutic dosing.

  YES NO

- **Are you receiving Active chemotherapy or radiotherapy?** → antioxidants like glutathione may theoretically reduce treatment effectiveness if given concurrently.

  YES NO

- **Do you have history Severe asthma or COPD?** (if using inhaled forms) → risk of exacerbation.

  YES NO

- **Do you have history Liver or kidney impairment?** → generally considered safe, but dosing should be cautious since metabolism and clearance may be altered.

  YES NO

- **Do you have a Sulfite sensitivity?** → some glutathione formulations may contain sulfite preservatives.

  YES NO

- **Do you use or plan to use Chemotherapeutic agents? (cisplatin, cyclophosphamide, doxorubicin, etc.)** → glutathione may reduce cytotoxic oxidative stress that these drugs depend on.

  YES NO

- **Do you use or plan to use Nitroglycerin and related nitrates?** → glutathione interacts with nitric oxide metabolism; high doses might blunt efficacy.

  YES NO

- **Are you on any other antioxidants (vitamin C, NAC, alpha-lipoic acid)?** → usually synergistic, but stacked use should be monitored to avoid interfering with redox balance.

  YES NO

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