

PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY

(Please include contact with other professionals, medications, types of treatment, etc.)

MEDICAL HISTORY

Current medical problems/medications: _____

Current supplemets/vitamins/herbs: _____

Past medical problems/medications: _____

Other doctors/clinics seen regularly: _____

Any history of head trauma? (describe): _____

Ever any seizures or seizure like activity? _____

Prior hospitalizations (place, cause, date, outcome): _____

Prior abnormal lab tests, X-rays, EEG, etc: _____

Allergies/drug intolerances (describe): _____

Present Height _____ *Present Weight* _____

CURRENT LIFE STRESSES (include anything that is currently stressful for you, examples include relationships, job, school, finances, children) _____

Prenatal and birth events: Your parents attitude toward their pregnancy with you _____

Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc) _____

Any birth problems, trauma, forceps or complications?: _____

Sleep behavior: sleepwalking, nightmares, recurrent dreams, current problems (getting up, going to bed)

School History: Last grade completed _____ Last school attended _____

Average grades received _____ Specific learning disabilities _____

Learning strengths _____

Any behavior problems in school? _____

What have teachers said about you _____

Please bring school report cards and any state, national or special testing that has been performed.

Employment History: (summarize jobs you've had, list most favorite and least favorite)

Any work-related problems? _____

What would your employers or supervisors have said about you? _____

Military History? _____

Ever Any Legal Problems? _____

Alcohol and Drug History: (Please list age started and types of substances used through the years and any current usage. Also, describe how each of these substances made you feel; what benefit you got from them.). These include alcohol (hard liquor, beer, wine), marijuana or hash, prescription tranquilizers or sleeping pills, inhalants (glue, gasoline, cleaning fluids, etc.), cocaine or crack, amphetamines or crank or ice, steroids, opiates (heroin, codeine, morphine or other pain killers), barbiturates, hallucinating drugs (LSD, mescaline, mushrooms), PCP. _____

Ever experience withdrawal symptoms from alcohol or drugs? _____

Has anyone told you they thought you had a problem with drugs or alcohol? _____

Have you ever felt guilty about your drug or alcohol use? _____

Have you ever felt annoyed when someone talked to you about your drug or alcohol use? _____

Have you ever used drugs or alcohol first thing in the morning? _____

Caffeine use per day (caffeine is in coffee, tea, sodas, chocolate) _____

Nicotine use per day, past and present, (nicotine is in cigarettes, cigars, tobacco chew) _____

Sexual history: (answer only as much as you feel comfortable)

Age at the time of first sexual experience: _____ Number of sexual partners: _____

Any history of sexually transmitted disease? _____ History of abortion? _____

History of sexual abuse, molestation or rape? _____

Current sexual problems? _____

Any history of being physically abused: _____

FAMILY HISTORY

Family Structure (who lives in your current household, please give relationship to each):

Current Marital or Relational Satisfaction _____

Significant Developmental Events (include marriages, separations, divorces, deaths, traumatic events, losses, abuse etc.) _____

History of Past Marriages _____

Natural Mother's History: age _____ outside work _____
 School: highest grade completed _____
 Learning problems _____ Behavior problems _____
 Marriages _____
 Medical Problems _____
 Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has mother ever sought psychiatric treatment? Yes ___ No ___ If yes, for what purpose? _____

Mother's alcohol/drug use history _____
 Have any of mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify)

Natural Father's History: age _____ outside work _____
 School: highest grade completed _____
 Learning problems _____ Behavior problems _____
 Marriages _____
 Medical Problems _____
 Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has father ever sought psychiatric treatment? Yes ___ No ___ If yes, for what purpose? _____

Father's alcohol/drug use history _____
 Have any of father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify)

Siblings (names, ages, problems, strengths, relationship to patient) _____

Children (names, ages, problems, strengths) _____

Cultural/Ethnic Background _____

Describe your relationships with friends _____

Describe yourself _____

Describe your strengths _____

Amen Adult General Symptom Checklist

Copyright 1997 Daniel G. Amen, MD

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse, lover or parent) rate you as well. List other person _____

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Other Self

- _____ _____ 1. depressed or sad mood
- _____ _____ 2. decreased interest in things that are usually fun, including sex
- _____ _____ 3. significant weight gain or loss, or marked appetite changes, increased or decreased
- _____ _____ 4. recurrent thoughts of death or suicide
- _____ _____ 5. sleep changes, lack of sleep or marked increase in sleep
- _____ _____ 6. physically agitated or "slowed down"
- _____ _____ 7. low energy or feelings of tiredness
- _____ _____ 8. feelings of worthlessness, helplessness, hopelessness or guilt
- _____ _____ 9. decreased concentration or memory
- _____ _____ 10. periods of an elevated, high or irritable mood
- _____ _____ 11. periods of a very high self esteem or grandiose thinking
- _____ _____ 12. periods of decreased need for sleep without feeling tired
- _____ _____ 13. more talkative than usual or pressure to keep talking
- _____ _____ 14. racing thoughts or frequent jumping from one subject to another
- _____ _____ 15. easily distracted by irrelevant things
- _____ _____ 16. marked increase in activity level
- _____ _____ 17. excessive involvement in pleasurable activities which have the potential for painful consequences (spending money, sexual indiscretions, gambling, foolish business ventures)
- _____ _____ 18. panic attacks, which are periods of intense, unexpected fear or emotional discomfort (list number per month _____)
- _____ _____ 19. periods of trouble breathing or feeling smothered
- _____ _____ 20. periods of feeling dizzy, faint or unsteady on your feet
- _____ _____ 21. periods of heart pounding or rapid heart rate
- _____ _____ 22. periods of trembling or shaking
- _____ _____ 23. periods of sweating
- _____ _____ 24. periods of choking
- _____ _____ 25. periods of nausea or abdominal upset
- _____ _____ 26. feelings of a situation "not being real"
- _____ _____ 27. numbness or tingling sensations
- _____ _____ 28. hot or cold flashes
- _____ _____ 29. periods of chest pain or discomfort
- _____ _____ 30. fear of dying
- _____ _____ 31. fear of going crazy or doing something uncontrolled
- _____ _____ 32. avoiding everyday places for fear of having a panic attack or needing to go with other people in order to feel comfortable
- _____ _____ 33. excessive fear of being judged by others which causes you to avoid or get anxious in situations
- _____ _____ 34. persistent, excessive phobia (heights, closed spaces, specific animals, etc.) please list _____

- ___ 35. recurrent bothersome thoughts, ideas or images which you try to ignore
- ___ 36. trouble getting "stuck" on certain thoughts, or having the same thought over and over
- ___ 37. excessive or senseless worrying
- ___ 38. others complain that you worry too much or get "stuck" on the same thoughts
- ___ 39. compulsive behaviors that you must do or you feel very anxious, such as excessive hand washing, checking locks, or counting or spelling
- ___ 40. needing to have things done a certain way or you become very upset
- ___ 41. others complain that you do the same thing over and over to an excessive degree (such as cleaning or checking)
- ___ 42. recurrent and upsetting thoughts of a past traumatic event (molest, accident, fire, etc.), please list _____
- ___ 43. recurrent distressing dreams of a past upsetting event
- ___ 44. a sense of reliving a past upsetting event
- ___ 45. a sense of panic or fear to events that resemble an upsetting past event
- ___ 46. you spend effort avoiding thoughts or feelings associated with a past trauma
- ___ 47. persistent avoidance of activities/situations which cause remembrance of upsetting event
- ___ 48. inability to recall an important aspect of a past upsetting event
- ___ 49. marked decreased interest in important activities
- ___ 50. feeling detached or distant from others
- ___ 51. feeling numb or restricted in your feelings
- ___ 52. feeling that your future is shortened
- ___ 53. quick startle
- ___ 54. feel like you're always watching for bad things to happen
- ___ 55. marked physical response to events that remind you of a past upsetting event, i.e., sweating when getting in a car if you had been in a car accident
- ___ 56. marked irritability or anger outbursts
- ___ 57. unrealistic or excessive worry in at least a couple areas of your life
- ___ 58. trembling, twitching or feeling shaky
- ___ 59. muscle tension, aches or soreness
- ___ 60. feelings of restlessness
- ___ 61. easily fatigued
- ___ 62. shortness of breath or feeling smothered
- ___ 63. heart pounding or racing
- ___ 64. sweating or cold clammy hands
- ___ 65. dry mouth
- ___ 66. dizziness or lightheadedness
- ___ 67. nausea, diarrhea or other abdominal distress
- ___ 68. hot or cold flashes
- ___ 69. frequent urination
- ___ 70. trouble swallowing or "lump in throat"
- ___ 71. feeling keyed up or on edge
- ___ 72. quick startle response or feeling jumpy
- ___ 73. difficult concentrating or "mind going blank"
- ___ 74. trouble falling or staying asleep
- ___ 75. irritability
- ___ 76. trouble sustaining attention or being easily distracted
- ___ 77. difficulty completing projects
- ___ 78. feeling overwhelmed of the tasks of everyday living

- ___ 79. trouble maintaining an organized work or living area
- ___ 80. inconsistent work performance
- ___ 81. lacks attention to detail
- ___ 82. makes decisions impulsively
- ___ 83. difficulty delaying what you want, having to have your needs met immediately
- ___ 84. restless, fidgety
- ___ 85. make comments to others without considering their impact
- ___ 86. impatient, easily frustrated
- ___ 87. frequent traffic violations or near accidents
- ___ 88. refusal to maintain body weight above a level most people consider healthy
- ___ 89. intense fear of gaining weight or becoming fat even though underweight
- ___ 90. feelings of being fat, even though you're underweight
- ___ 91. recurrent episodes of binge eating large amounts of food
- ___ 92. a feeling of lack of control over eating behavior
- ___ 93. engage in regular activities to purge binges, such as self induced vomiting, laxatives, diuretics, strict dieting or strenuous exercise
- ___ 94. persistent overconcern with body shape and weight
- ___ 95. involuntary physical movement or vocal tics
- ___ 96. delusional or bizarre thoughts (thoughts you know others would think are false)
- ___ 97. seeing objects, shadows or movements that are not real
- ___ 98. hearing voices or sounds that are not real
- ___ 99. periods of time where your thoughts or speech were disjointed or didn't make sense to you or others
- ___ 100. social isolation or withdrawal
- ___ 101. severely impaired ability to function at home or at work
- ___ 102. peculiar behaviors
- ___ 103. lack of personal hygiene or grooming
- ___ 104. inappropriate mood for the situation (i.e., laughing at sad events)
- ___ 105. marked lack of initiative
- ___ 106. frequent feelings that someone or something is out to hurt you or discredit you
- ___ 107. do you snore loudly (or do others complain about your snoring)
- ___ 108. have others said you stop breathing when you sleep
- ___ 109. do you feel fatigued or tired during the day
- ___ 110. do you often feel cold when others feel fine or they are warm
- ___ 111. do you often feel warm when others feel fine or they are cold
- ___ 112. do you have problems with brittle or dry hair
- ___ 113. do you have problems with dry skin
- ___ 114. do you have problems with sweating
- ___ 115. do you have problems with chronic anxiety or tension

Amen Brain System Checklist

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well also rate you. List other person _____

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known
<u>Other</u>	<u>Self</u>				
___	___	1.	Fails to give close attention to details or makes careless mistakes		
___	___	2.	Trouble sustaining attention in routine situations (i.e., homework, chores, paperwork)		
___	___	3.	Trouble listening		
___	___	4.	Fails to finish things		
___	___	5.	Poor organization for time or space (such as backpack, room, desk, paperwork)		
___	___	6.	Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort		
___	___	7.	Loses things		
___	___	8.	Easily distracted		
___	___	9.	Forgetful		
___	___	10.	Poor planning skills		
___	___	11.	Lack clear goals or forward thinking		
___	___	12.	Difficulty expressing feelings		
___	___	13.	Difficulty expressing empathy for others		
___	___	14.	Excessive daydreaming		
___	___	15.	Feeling bored		
___	___	16.	Feeling apathetic or unmotivated		
___	___	17.	Feeling tired, sluggish or slow moving		
___	___	18.	Feeling spacey or "in a fog"		
___	___	19.	Fidgety, restless or trouble sitting still		
___	___	20.	Difficulty remaining seated in situations where remaining seated is expected		
___	___	21.	Runs about or climbs excessively in situations in which it is inappropriate		
___	___	22.	Difficulty playing quietly		
___	___	23.	"On the go" or acts as if "driven by a motor"		
___	___	24.	Talks excessively		
___	___	25.	Blurts out answers before questions have been completed		
___	___	26.	Difficulty awaiting turn		
___	___	27.	Interrupts or intrudes on others (e.g., butts into conversations or games)		
___	___	28.	Impulsive (saying or doing things without thinking first)		
___	___	29.	Excessive or senseless worrying		
___	___	30.	Upset when things do not go your way		
___	___	31.	Upset when things are out of place		
___	___	32.	Tendency to be oppositional or argumentative		
___	___	33.	Tendency to have repetitive negative thoughts		
___	___	34.	Tendency toward compulsive behaviors		
___	___	35.	Intense dislike for change		
___	___	36.	Tendency to hold grudges		
___	___	37.	Trouble shifting attention from subject to subject		
___	___	38.	Trouble shifting behavior from task to task		
___	___	39.	Difficulties seeing options in situations		
___	___	40.	Tendency to hold on to own opinion and not listen to others		
___	___	41.	Tendency to get locked into a course of action, whether or not it is good		
___	___	42.	Needing to have things done a certain way or you become very upset		
___	___	43.	Others complain that you worry too much		
___	___	44.	Tend to say no without first thinking about question		
___	___	45.	Tendency to predict fear		
___	___	46.	Frequent feelings of sadness		
___	___	47.	Moodiness		

- ___ ___ 48. Negativity
- ___ ___ 49. Low energy
- ___ ___ 50. Irritability
- ___ ___ 51. Decreased interest in others
- ___ ___ 52. Decreased interest in things that are usually fun or pleasurable
- ___ ___ 53. Feelings of hopelessness about the future
- ___ ___ 54. Feelings of helplessness or powerlessness
- ___ ___ 55. Feeling dissatisfied or bored
- ___ ___ 56. Excessive guilt
- ___ ___ 57. Suicidal feelings
- ___ ___ 58. Crying spells
- ___ ___ 59. Lowered interest in things usually considered fun
- ___ ___ 60. Sleep changes (too much or too little)
- ___ ___ 61. Appetite changes (too much or too little)
- ___ ___ 62. Chronic low self-esteem
- ___ ___ 63. Negative sensitivity to smells/odors
- ___ ___ 64. Frequent feelings of nervousness or anxiety
- ___ ___ 65. Panic attacks
- ___ ___ 66. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor)
- ___ ___ 67. Periods of heart pounding, rapid heart rate or chest pain
- ___ ___ 68. Periods of trouble breathing or feeling smothered
- ___ ___ 69. Periods of feeling dizzy, faint or unsteady on your feet
- ___ ___ 70. Periods of nausea or abdominal upset
- ___ ___ 71. Periods of sweating, hot or cold flashes
- ___ ___ 72. Tendency to predict the worst
- ___ ___ 73. Fear of dying or doing something crazy
- ___ ___ 74. Avoid places for fear of having an anxiety attack
- ___ ___ 75. Conflict avoidance
- ___ ___ 76. Excessive fear of being judged or scrutinized by others
- ___ ___ 77. Persistent phobias
- ___ ___ 78. Low motivation
- ___ ___ 79. Excessive motivation
- ___ ___ 80. Tics (motor or vocal)
- ___ ___ 81. Poor handwriting
- ___ ___ 82. Quick startle
- ___ ___ 83. Tendency to freeze in anxiety provoking situations
- ___ ___ 84. Lacks confidence in their abilities
- ___ ___ 85. Seems shy or timid
- ___ ___ 86. Easily embarrassed
- ___ ___ 87. Sensitive to criticism
- ___ ___ 88. Bites fingernails or picks skin
- ___ ___ 89. Short fuse or periods of extreme irritability
- ___ ___ 90. Periods of rage with little provocation
- ___ ___ 91. Often misinterprets comments as negative when they are not
- ___ ___ 92. Irritability tends to build, then explodes, then recedes, often tired after a rage
- ___ ___ 93. Periods of spaciness or confusion
- ___ ___ 94. Periods of panic and/or fear for no specific reason
- ___ ___ 95. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- ___ ___ 96. Frequent periods of deja vu (feelings of being somewhere you have never been)
- ___ ___ 97. Sensitivity or mild paranoia
- ___ ___ 98. Headaches or abdominal pain of uncertain origin
- ___ ___ 99. History of a head injury or family history of violence or explosiveness
- ___ ___ 100. Dark thoughts, may involve suicidal or homicidal thoughts
- ___ ___ 101. Periods of forgetfulness or memory problems

Amen Learning Disability Screening Questionnaire

Copyright 1998 Daniel G. Amen, MD

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person (such as a spouse, lover or parent) rate you as well. List other person _____

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Other Self

Reading

- ___ ___ 1. I am a poor reader.
- ___ ___ 2. I do not like reading.
- ___ ___ 3. I make mistakes when reading like skipping words or lines.
- ___ ___ 4. I read the same line twice.
- ___ ___ 5. I have problems remembering what I read even though I have read all the words.
- ___ ___ 6. I reverse letters when I read (such as b/d, p/q).
- ___ ___ 7. I switch letters in words when reading (such as god and dog).
- ___ ___ 8. My eyes hurt or water when I read.
- ___ ___ 9. Words tend to blur when I read.
- ___ ___ 10. Words tend to move around the page when I read.
- ___ ___ 11. When reading I have difficulty understanding the main idea or identifying important details.

Writing

- ___ ___ 12. I have “messy “ handwriting.
- ___ ___ 13. My work tends to be messy.
- ___ ___ 14. I prefer print rather than writing in cursive.
- ___ ___ 15. My letters run into each other or there is no space between words.
- ___ ___ 16. I have trouble staying within lines.
- ___ ___ 17. I have problems with grammar or punctuation.
- ___ ___ 18. I am a poor speller.
- ___ ___ 19. I have trouble copying off the board or from a page in a book.
- ___ ___ 20. I have trouble getting thoughts from my brain to the paper.
- ___ ___ 21. I can tell a story but cannot write it.

Body Awareness/ Spatial Relationships

- ___ ___ 22. I have trouble with knowing my left from my right.
- ___ ___ 23. I have trouble keeping things within columns or coloring within lines.
- ___ ___ 24. I tend to be clumsy, uncoordinated.
- ___ ___ 25. I have difficulty with eye hand coordination.
- ___ ___ 26. I have difficulty with concepts such as up, down, over or under.
- ___ ___ 27. I tend to bump into things when walking.

Oral Expressive language

- ___ ___ 28. I have difficulty expressing myself in words.
- ___ ___ 29. I have trouble finding the right word to say in conversations.
- ___ ___ 30. I have trouble talking around a subject or getting to the point in conversations.

Receptive language

- ___ ___ 31. I have trouble keeping up or understanding what is being said in conversations.
 ___ ___ 32. I tend to misunderstand people and give the wrong answers in conversations.
 ___ ___ 33. I have trouble understanding directions people tell me.
 ___ ___ 34. I have trouble telling the direction sound is coming from.
 ___ ___ 35. I have trouble filtering out background noises.

Math

- ___ ___ 36. I am poor at basic math skills for my age (adding, subtracting, multiplying and dividing)
 ___ ___ 37. I makes “careless mistakes” in math.
 ___ ___ 38. I tend to switch numbers around.
 ___ ___ 39. I have difficulty with word problems.

Sequencing

- ___ ___ 40. I have trouble getting everything in the right order when I speak.
 ___ ___ 41. I have trouble telling time.
 ___ ___ 42. I have trouble using the alphabet in order.
 ___ ___ 43. I have trouble saying the months of the year in order.

Abstraction

- ___ ___ 44. I have trouble understanding jokes people tell me.
 ___ ___ 45. I tend to take things too literally.

Organization

- ___ ___ 46. My notebook/paperwork is messy or disorganized.
 ___ ___ 47. My room is messy.
 ___ ___ 48. I tend to shove everything into my backpack, desk or closet.
 ___ ___ 49. I have multiple piles around my room.
 ___ ___ 50. I have trouble planning my time.
 ___ ___ 51. I am frequently late or in a hurry.
 ___ ___ 52. I often do not write down assignments or tasks and end up forgetting what to do.

Memory

- ___ ___ 53. I have trouble with my memory.
 ___ ___ 54. I remember things from long ago but not recent events.
 ___ ___ 55. It is hard for me to memorize things for school or work.
 ___ ___ 56. I know something one day but do not remember it to the next.
 ___ ___ 57. I forget what I am going to say right in the middle of saying it.
 ___ ___ 58. I have trouble following directions that have more than one or two steps.

Social Skills

- ___ ___ 59. I have few or no friends.
 ___ ___ 60. I have trouble reading body language or facial expressions of others.
 ___ ___ 61. My feelings are often or easily hurt.
 ___ ___ 62. I tend to get into trouble with friends, teachers, parents or bosses.
 ___ ___ 63. I feel uncomfortable around people I do not know well.
 ___ ___ 64. I am teased by others.
 ___ ___ 65. Friends do not call and ask me to do things with them.
 ___ ___ 66. I do not get together with others outside of school or work.

Medical Review of Systems

Please place a check mark in the boxes that apply. Explain any problem areas.

General

- Being overweight
- Recent weight gain or weight loss
- Poor appetite
- Increased appetite
- Abnormal sensitivity to cold
- Cold sweats during the day
- Tired or worn out
- Hot or cold spells
- Abnormal sensitivity to heat
- Excessive sleeping
- Difficulty sleeping
- Lowered resistance to infection
- Flu-like or vague sick feeling
- Sweating excessively at night
- Urinating excessively
- Excessive daytime sweating
- Excessive thirst
- Other _____

Neurological

- Pacing due to muscle restlessness
- Forgotten periods of time
- Dizziness
- Drowsiness
- Muscle spasms or tremors
- Impaired ability to remember
- "Tics"
- Numbness
- Convulsions / fits
- Slurred speech
- Speech problem (other)
- Weakness in muscles
- Other _____

Respiratory

- Asthma, wheezing
- Cough
- Coughing up blood or sputum
- Shortness of breath
- Rapid breathing
- Repeated nose or chest colds
- Other _____

Chest and Cardiovascular

- Ankle swelling
- Rapid / irregular pulse
- Breast tenderness
- Chest pain
- High blood pressure
- Low blood pressure
- Other _____

Head, Eye, Ear, Nose, & Throat

- Facial pain
- Headache
- Head injury
- Neck pain or stiffness
- Frequent sore throat
- Blurred vision
- Double vision
- Overly sensitive to light
- See spots or shadows
- Hearing loss in both ears
- Ear ringing
- Disturbances in smell
- Runny nose
- Dry mouth
- Sore tongue
- Other _____

Gastrointestinal and Hepatic

- Trouble swallowing
- Nausea or vomiting (throwing up)
- Abdominal (stomach / belly) pain
- Anal itching
- Painful bowel movements
- Infrequent bowel movements
- Liquid bowel movements
- Loss of bowel control
- Frequent belching or gas
- Vomiting blood
- Rectal bleeding (red or black blood)
- Jaundice (yellowing of skin)
- Other _____

Musculoskeletal

- Back pain or stiffness
- Bone pain
- Joint pain or stiffness
- Leg pain
- Muscle cramps or pain
- Other _____

Skin, Hair

- Dry hair or skin
- Itchy skin or scalp
- Easy bruising
- Hair loss
- Increased perspiration
- Sun sensitivity
- Other _____

Genitourinary

- Itchy privates or genitals
- Painful urination
- Excessive urination
- Difficulty in starting urine
- Accidental wetting of self
- Pus or blood in urine
- Decreased sexual desire
- Other _____

Females

- No menses
- Menstrual irregularity
- Painful or heavy periods
- Premenstrual moodiness, irritability, anger, tension, bloating, breast tenderness, cramps, headache
- Painful menstrual periods
- Painful intercourse or sex
- Sterility infertility
- Abnormal vaginal discharge
- Other _____

Males

- Impotence (weak male erection)
- Inability to ejaculate or orgasm
- Scrotal pain
- Abnormal penis discharge
- Other _____

Explanation
