

# Mobile Weightloss Center

## NEW PATIENT PELLET: FEMALE

Patient Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_, Age: \_\_\_\_\_, Height: \_\_\_\_\_ in, Weight: \_\_\_\_\_ lbs

### TO BE COMPLETED BY PATIENT:

Race: \_\_\_\_\_

Fibrocystic Breast Disease: Yes / No

Date of Last Menstrual Period: \_\_\_/\_\_\_/\_\_\_

History of Breast Cancer: Yes / No

Number of Pregnancies: \_\_\_\_\_

Acne: Yes / No

Number of Live Births: \_\_\_\_\_

Facial Hair: Yes / No

Abortions/Miscarriages: \_\_\_\_\_

Hair Loss: Yes / No

History of Renal Disease: Yes / No

History of PCOS: Yes / No

(Polycystic Ovarian Syndrome)

Active Liver Disease: Yes / No

Hysterectomy: Yes / No

History of Heavy Menses/Fibroids: Yes / No

History of Cervical Cancer: Yes / No

History of Metabolic Syndrome: Yes / No

History of Ovarian Cancer: Yes / No

Pre-menopausal: Yes / No

Previously Received Hormone Pellets: Yes / No

Menstrual Migraines: Yes / No

If yes, Where: \_\_\_\_\_

Date: \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN:

#### **Current Labs:**

Date \_\_\_/\_\_\_/\_\_\_

FSH Level: \_\_\_\_\_ mIU/mL,

Testosterone Level: \_\_\_\_\_ ng/dL,

Estradiol Level: \_\_\_\_\_ pg/mL

**Previous Estrogen Dose:** \_\_\_\_\_ mg, **Previous Testosterone Dose:** \_\_\_\_\_ mg

**Problem Factors:** \_\_\_\_\_

**Pellet Dose Given Today:** Date: \_\_\_/\_\_\_/\_\_\_ Pellet #: \_\_\_\_\_ SQ: ( Left / Right)

Estrogen: \_\_\_\_\_ mg, Testosterone: \_\_\_\_\_ mg

Physician/Practitioner Signature: \_\_\_\_\_

\*Follow-up labs to be collected at: \_\_\_MWC, \_\_\_OBGYN Office, Other: \_\_\_\_\_

# Mobile Weightloss Center

## NEW PATIENT PELLET: MALE

Patient Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_, Age: \_\_\_\_\_, Height: \_\_\_\_\_ in, Weight: \_\_\_\_\_ lbs

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### TO BE COMPLETED BY PATIENT:

Race: \_\_\_\_\_

History of Renal Disease: Yes / No

History of Hypertension: Yes / No

Active Liver Disease: Yes / No

History of Diabetes: Yes / No

History of Metabolic Syndrome: Yes / No

History of Colon Cancer: Yes / No

Physical Activity Level (circle below):

History of Testicular Cancer: Yes / No

Sedentary /Work only

History of BPH: Yes / NO  
(Benign Prostate Hypertension)

Work and exercise 3 x per week

Work and exercise 5 x per week

Previously Received Hormone Pellets: Yes / No

If yes, Where: \_\_\_\_\_

Date: \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN:

**Previous Labs:** PSA \_\_\_\_\_ ng/dL, Date \_\_\_/\_\_\_/\_\_\_

Testosterone \_\_\_\_\_ ng/dL, Date \_\_\_/\_\_\_/\_\_\_

**Previous Testosterone Dose:** \_\_\_\_\_ mg

**Problem Factors:** \_\_\_\_\_

**Pellet Dose Given Today:** Date: \_\_\_/\_\_\_/\_\_\_ Pellet #: \_\_\_\_\_ SQ: ( Left / Right )

Testosterone: \_\_\_\_\_ mg

Physician/Practitioner Signature: \_\_\_\_\_

\*Follow-up labs to be collected at: \_\_\_ MWC, \_\_\_ OBGYN Office, Other: \_\_\_\_\_

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