

Confidential Medical History Form

Thank you for completing this lengthy but necessary health questionnaire that can help me coach you effectively.

OPTIMUM REQUIRED LAB WORK

You can email blood test results previously done if they are less than three months old. You can send older ones for comparison/historical trend purposes. All blood tests should be performed during morning time and after fasting for 8 hours. If you are taking biotin, stop it 72 hours before getting your blood drawn.

If on testosterone replacement therapy, get your physician to order this list of blood tests or purchase them yourself from DiscountedLabs.com (No doctor visit required):

<https://www.discountedlabs.com/trt-male-hormone-wellness-follow-up-panel-option>

If you are not yet on testosterone replacement:

<https://www.discountedlabs.com/pre-trt-male-hormone-wellness-panel>

If you are having severe erectile dysfunction and fatigue and are on testosterone replacement (order PSA separately):

<https://www.discountedlabs.com/ed-panel>

Please send blood tests and this form filled out to me before our consultation (email: nelsonvergel@gmail.com)

Date:

Address:

First name:

City: State:

Middle name:

Zip code:

Last name:

Can you describe the primary goal and outcome that you want from this consultation?:

Where did you hear about Nelson Vergel?

Have you read "Testosterone: A Man's Guide" or "Built to Survive" and/or watched Nelson's videos on YouTube?

CONTACT INFORMATION

Email:

Repeat Email Address [to confirm]:

Daytime phone:

Night time phone:

PERSONAL INFORMATION

Birthdate:

Age:

Marital Status (Married/Significant Other , Divorced , Single)

Sex:

Waist size:

Height:

Neck size:

Weight:

Have you lost weight in the past six months? Yes No

If yes, how many pounds?

Have you gained weight in the past six months? Yes No

If yes, how many pounds?

Has your body tone changed in the past six months (harder, softer)?

Do you have a primary care physician? (Provide a name if you want)

Do you have health insurance? (very helpful information) Yes No

When was your last complete physical examination?

What were the results of that exam?

(FOR OVER 40) Did you have your prostate examined by digital rectal exam? Yes No

(FOR OVER 40) Did you have your PSA checked? Yes No

If so, what was it? Are you taking testosterone now?

If the answer to the above question is NO, have you taken testosterone in the past? Yes No

How long and when did you last stop?

PAST MEDICAL HISTORY

Please indicate if you now have, or have EVER had:

Anemia

Arthritis

Asthma

Blood disease

Bronchitis

Diabetes

Hepatitis

Heart disease

High blood pressure

High cholesterol

HIV Yes No

If yes, how long?

Kidney disease

Stroke

Thyroid disease

Urinary tract infections

Have you ever had any form of cancer? Yes No

If so, please detail:

Have you had a head injury?

PAST SURGICAL HISTORY

What surgeries have you had?

Prostatectomy Yes No

Other surgeries (please explain):

Have you had exposure to chemotherapy or radiation? Yes No

FAMILY MEDICAL HISTORY

Are you allergic to anything? Yes No

Do you smoke? Yes No

If so, how much each day?

How long have you smoked?

Do you drink alcohol? Yes No

How many drinks do you typically have in a week?

Do you use any illicit substances (get high)- [confidential and important]? Yes No

If so, which ones?

REVIEW OF SYSTEMS

Do you CURRENTLY have (please check)?:

Head-aches

Vision changes

Hearing changes

Chronic sinusitis

Allergic sinus problems

Any tenderness or sores in your mouth or throat

Bloody noses

Chronic cough

Do you spit up blood?

Shortness of breath

Chest pain

Dizziness

Congestive heart failure

Palpitations

Any form of arrhythmia

Heart murmur

Blood in your stool or black tarry stool

Blurry eyesight

Loss of appetite Indigestion Nausea

Vomiting

Night Sweats

Do your eyes look yellow?

Do you have abdominal pain? Yes No

If so, please describe and tell where:

Pancreatitis

Do you urinate alright? Yes No

How many times do you get up at night to urinate?

Does it hurt when you urinate? Yes No

Is there any blood in your urine? Yes No

Have you had prostatitis (prostate/urinary infections) in the past? Yes No

Tingling in your fingers or toes? Yes No

Acne Yes No

Describe any acne history:

If you had acne, did you take Accutane? Yes No

If yes, for how long?

If on testosterone now, do you have acne? Yes No

Do you ever faint? Yes No

Do you have cold intolerance? Yes No

Do you bruise easily? Yes No

Depression

Anxiety

Decreased sexual potency Yes No

If so, is this causing stress in your relationship? Yes No

Sleep disturbances

Generalized muscle aches and pains

Joint pain

Back pain

Fatigue

Lethargy

Sensitive or swollen nipples?

Did you have swollen or painful nipples BEFORE you ever used steroids (*for Steroid Consult only*)? Yes No

Can you feel any lumps around your nipples? Yes No

Are you losing your hair? Yes No

Have you ever taken Propecia or Proscar (finasteride) for hair loss or prostate inflammation? Yes No

Were you losing it before you started using steroids (anabolic steroid user consult only)? Yes No

If so, is it falling out more quickly now?

GENERAL

Unexplained weight loss or weight gain?

Which?

Do you consider yourself to be in good health? Yes No

Do you sleep well? Yes No

Average hours of sleep per night:

Do you regularly self-examine your testicles?

Tell me about your diet (The more details, the better)

Do you exercise? Yes No

If yes, what type and how frequently?

Do you feel that you procrastinate a lot and do not have enough mental focus to finish projects? Yes No

Are you experiencing a lot of stress lately? Yes No

For how long and why?

MEDICATIONS

Do you take any prescription medications or medications bought on the internet or black market? Yes No

If so, please list, and give dosages:

What supplements do you take (vitamins, minerals, nutraceuticals, etc.)? List all (with amounts or dosages) each day.

How much water do you usually drink each day?

Do you plan on having children? Yes No

Do you have a decrease in sex drive? Yes No

If the answer to the above is YES, is this affecting your relationship? Yes No

Has your strength or endurance decreased? Yes No

Are you enjoying life less? Are you sad or grumpy? Yes No

Are your erections less strong? Yes No

Has your work performance decreased? Yes No

Do you have a hard time recovering from physical activity? Yes No

If you are taking testosterone, have you donated any blood in the past? Yes No

How many times and how frequently?

SLEEP

Have you ever been diagnosed with sleep apnea via a sleep study? Yes No

If yes, do you use a CPAP machine?

How many hours do you usually sleep at night?

Do you take frequent naps? Yes No

How long did it usually take for you to fall asleep during the past four weeks?

(Check One)

0-15 minutes

16-30 minutes

31-45 minutes

46-60 minutes

	All of The Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
Feel that your sleep was not quiet (moving restlessly, feeling tense, speaking, etc., while sleeping)?	1	2	3	4	5	6
Get enough sleep to feel rested upon waking in the morning?	1	2	3	4	5	6
Awaken short of breath or with a headache?	1	2	3	4	5	6
Feel drowsy or sleepy during the day?	1	2	3	4	5	6
Have trouble falling asleep?	1	2	3	4	5	6
Awaken during your sleep time and have trouble falling asleep again?	1	2	3	4	5	6
Have trouble staying awake during the day?	1	2	3	4	5	6
Snore during your sleep?	1	2	3	4	5	6
Take naps (5 minutes or longer) During the day?	1	2	3	4	5	6
Get the amount of sleep you needed?	1	2	3	4	5	6

Is there anything that you want to add or expand?

QUESTIONS FOR STEROID CONSULT ONLY (for confidential information only)

Tell me, as accurately as you can which steroids you are going to take, or have taken, for THIS cycle (Anabolic Consult only):

How many times have you been on a steroid cycle (if any)?

How long ago was your first steroid cycle (if any)?

How long was your break before starting this cycle?

Describe your past usage, if any, of hCG, Nolvadex, Clomid, Arimidex or finasteride:

Have you ever had any problems (side effects) with any of the medications mentioned in the last question? If so, please describe:

Did I forget to ask any question? If so, please add it here with its corresponding answer.

Signed Waiver:

The information that I will receive in the consultation is for educational purposes only and is in no way a substitute for the advice of a qualified healthcare provider. I understand that appropriate medical therapy and the use of pharmaceutical compounds like testosterone and others should be tailored for the individual, as no two individuals are alike. I understand that Nelson Vergel does not recommend self-medicating with any compound, as I should consult with a qualified physician who can determine my situation. I understand that any use of the educational information presented to me in the coaching session is done strictly at my own risk and no responsibility is implied or intended on the part of Nelson Vergel. I also understand that Nelson Vergel will never share my health information without anyone except with my written consent.

Signed _____

Date _____

Suggestion

If you have not done so, register on my new site www.ExcelMale.com and watch a Nelson's video on testosterone in the video page.