THE PURE NORTH S'ENERGY FOUNDATION
"Feeling Better, Living Longer"

Pure North Clinical Form

Summary:	Priority

□ **New Participant** □ **Re-GRIP** □ **HIPP** □ **SCP Transfer**

TEST, Nick 34054

Occupation: _____(outdoors/indoors - please circle) □ Retired

Current Location: _____ Original Location: _____

Contact phone number: _____ Family Physician: _____

Physician Location: _____ Physician Phone/Fax: _____ Release results to Physician □ Yes □ No

Past Medical History

Addison's Disease unknown

Have you had any kidney stones in the last year?
□ No □ Yes

Family History

Mother DAR - Darier's Disease 2014/01/01
Other unknown

Father

Siblings

Chief Complaint / Health Goals

asdfasd

Thyroid Questions

□ macroglossia
□ low mood
□ low energy _____ **/ 10**
□ weight gain
□ cool body temperature
□ unrefreshing sleep
□ brain fog
TOTAL _____ **/ 7**

Biometrics

Height (cm) _____
Weight (kg) _____
BMI _____

Waist Girth (cm) _____
Hip Girth (cm) _____
Waist-to-hip ratio _____

BP (mmHg) _____

Saliva pH _____
Fasting Hours _____

Amalgams (current) _____
Amalgams (original) _____
 # Root Canals _____
Tooth Extraction (Y/N) _____

Blood Type _____
Oligoscan □ Completed

Initials _____

Lifestyle Questions

Tobacco use: □ Yes: _____ cig. - pk./d _____ yrs
□ Never □ Chew □ Quit: <1yr >1yr

Exercise: □ No □ Yes: _____ / 7
□ cardio □ resistance □ cross
□ mild □ moderate □ stenuous

Sleep: □ Well _____ / 10
□ fall □ stay □ enough □ apnea

Stress: □ Work: _____ / 10 □ Home: _____ / 10

Alcohol: _____ average units per **week** / **month**

Water: _____ g/d **Caffeinated Drinks:** _____ / d-wk.

Nutrition: On average do you eat 5 or more servings of fruits and vegetables a day? □ Yes □ No

Current Medications

Zopiclone
Triazolam
Salbutamol

Allergies

Sulfa Allergy □ Yes □ No

Supplements	Current	Recommended
Vitamin D	2	**drop/day**
50K Vitamin D		**caps**
MP	2	pt/day
VP	0	pt/day
Omega 3	2	cap/day
NAC/ALA Combo		tab/day
B12	0	tab/day
Magnesium	0	tab/day
BB536		cap/day
Pro-12		cap/day
Caprylic Acid	0	tab/day
Fulvic Minerals		drops/day
Raw Materials		mL/day
Vit C		cap/day
Lypo C	0	pt/day
ReadiSorb	0	tsp/day
Selenium	0	cap/day
Chromium (500 mcg)		tab/day
Iodine (100 mcg)	0	drops/day
Niacin	0	tab/day
Others:		

Plan

UTM □ Required □ Not Required □ Declined □ Completed

Referrals □ Tennant □ Myosymmetries □ HMR

Most Recent 25(OH)D
_____ nmol/L

Current Dose of Vitamin D
_____ IU/d

Duration @ above dose
_____ days / weeks / months / years

NEW RECOMMENDED TOTAL DOSE OF VITAMIN D
_____ IU/d

Practitioner: _____ Signature: _____ Visit Date: _____