

**General Health:**

- |   |   |
|---|---|
| <input type="checkbox"/> Do you have anorexia nervosa?  | <input type="checkbox"/> Are you anemic?                              |
| <input type="checkbox"/> Do you have a thyroid disorder?<br><input type="checkbox"/> Overactive<br><input type="checkbox"/> Underactive | <input type="checkbox"/> Do you have a stomach or duodenal ulcer?     |
| <input type="checkbox"/> Do you take thyroid medication?  | <input type="checkbox"/> Do you have high blood pressure?             |
| <hr/>   | <input type="checkbox"/> Do you take a separate vitamin A supplement? |
| <input type="checkbox"/> Are you constipated?   | <input type="checkbox"/> Do you take vitamins?                        |
| <input type="checkbox"/> Have you gained weight?  | <hr/>   |
| <input type="checkbox"/> Have you lost weight?  | <hr/>   |
| <input type="checkbox"/> Has your voice recently changed?   |   |

**Women Only:**

- |   |   |
|---|---|
| <input type="checkbox"/> Are your menstrual periods regular?              | <input type="checkbox"/> Have you noticed any increase of hair on your breasts? |
| <input type="checkbox"/> Are they heavy?                                  | <input type="checkbox"/> Has any other body hair increased?                     |
| <input type="checkbox"/> Have you noticed increased hair on your abdomen? | <input type="checkbox"/> Do you have acne?                                      |

**In the past six months have you:**

- |  |   |
|--|---|
| <input type="checkbox"/> Had a baby?                 | <input type="checkbox"/> Stopped hormone supplements? |
| <input type="checkbox"/> Started oral contraception? | <input type="checkbox"/> Gone through menopause?      |
| <input type="checkbox"/> Stopped oral contraception? |   |

**Do you take any of the following medications?**

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Allourinol (Zyloprim)            | <input type="checkbox"/> Azulfadine             | <input type="checkbox"/> Clinoril   |
| <input type="checkbox"/> Phenytoin (Dilantin)             | <input type="checkbox"/> Gentamycin             | <input type="checkbox"/> Corgard    |
| <input type="checkbox"/> Aspirin                          | <input type="checkbox"/> Iodides                | <input type="checkbox"/> Elavil     |
| <input type="checkbox"/> Carbamazepine (Tegretol)         | <input type="checkbox"/> Levodopa               | <input type="checkbox"/> Elexeril   |
| <input type="checkbox"/> Comarin                          | <input type="checkbox"/> Gold shots             | <input type="checkbox"/> Gentamicin |
| <input type="checkbox"/> Heparin                          | <input type="checkbox"/> Triparanol             | <input type="checkbox"/> Isoptin    |
| <input type="checkbox"/> Isotrentoin (Accutane)           | <input type="checkbox"/> Propylthiouracil – PTU | <input type="checkbox"/> Lopid      |
| <input type="checkbox"/> Lithium                          | <input type="checkbox"/> Methimazole Tapazole)  | <input type="checkbox"/> Minipres   |
| <input type="checkbox"/> Birth Control Pills              | <input type="checkbox"/> Atromid – S            | <input type="checkbox"/> Motrin     |
| <input type="checkbox"/> Vitamin A                        | <input type="checkbox"/> Choloxin               | <input type="checkbox"/> Nolfon     |
| <input type="checkbox"/> Multi Vitamins                   | <input type="checkbox"/> Calan                  | <input type="checkbox"/> Tagamet    |
| <input type="checkbox"/> Colchicine                       | <input type="checkbox"/> Cardizem               | <input type="checkbox"/> Tenormin   |
| <input type="checkbox"/> Anticancer drugs                 | <input type="checkbox"/> Catapres               | <input type="checkbox"/> Vasotec    |
| <input type="checkbox"/> Amphetamines                     | <input type="checkbox"/> Clinoril               | <input type="checkbox"/> Verapamil  |
| <input type="checkbox"/> Beta blockers (Iderol, Inderide) | <input type="checkbox"/> Calan                  | <input type="checkbox"/> Zantac     |
|   | <input type="checkbox"/> Cardizem               |                                     |
|   | <input type="checkbox"/> Catapres               | Other: _____                        |