Millennium TBI Network

Rebuilding Hope one day at a time.

Monthly Progress Questionnaire (MPQ)

Dear Active Clients,

Please read this page completely. This MPQ is critical in my ability to rapidly address your progress while on your protocol instead of waiting for lab results every 3-4 months.

This MPQ has 25 questions that need to be answered **every 30 days** Once my office receives your completed MPQ they will pull your chart and hand it to me for a respond. Failure to maintain your MPQ can lead to termination of any support and your participation in our program. **THE MPQ IS IMPORTANT!**

You will need Adobe Acrobat (a PDF program) on your computer so you can take advantage of the on-screen ability to fill this form out. Do not use a cell phone or any iPad. Once you fill it out, save it to your hard drive naming it like - MPQLastName**2019**.**01** - for the year 2019 and the 1st month. Keep the original clean for use each subsequent month. This way you can watch your own progression on your protocol.

I suggest that you place a reminder in your TASK Manager or calendar so that we do not miss these.

Email your MPQ to ONLY: reception@millenniumhealthcenters.com

Thank you again for your participation in your own health program.

Best

Mark L. Gordon

Mark L. Gordon, MD
Millennium-TBI Project

MPQ Instructions:

DO NOT PRINT OUT. Fill in on screen only!

1) Put your name and the date you filled out the form in the spaces provided.
2) Line AA is your overall improvement since starting the program.
3) Your self-rating is from the very beginning of your program to the date you are filling out the form and not from the last MPQ.
4) The Subjective Range is from Zero to Ten (0 – 10) where 0 is no impact of your treatment on each of the questions and 10 is the maximum perceivable.
5) If the question does not apply put "NA"
6) **Make sure you sign the consent at the bottom of the document after you have written some comments about your present medical status**.
7) **Return Page two (2) below only. Thank you**
8) Please enter YOUR NAME & DATE on the next page.

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Millennium Neuro-Regenerative Centers

Applying the sciences of recovery

Name: **Date:**

	Please rate your improvement **from the beginning of treatment to now:**	Rate
AA	**My over-all improvement from the start of treatment to now is?** →	0 10
A	**Mental/psychological/emotional status.**	
1	I have noticed an increase in Mental Energy.	0 _____ 10
2	My sleep has improved in ____ quantity, ____ quality, ____ less interruption. .	0 _____ 10
3	I am sleeping less and wake up feeling more refreshed	0 _____ 10
4	My over-all emotional status has improved.	0 _____ 10
5	My memory has improved.	0 _____ 10
6	My libido (sex drive) has increased.	0 _____ 10
7	My erections have improved. (male)	0 _____ 10
8	My orgasms have improved	0 _____ 10
9	I have an increased sense of well-being.	0 _____ 10
10	I feel calmer under stress.	0 _____ 10
B	**Physical Status**	
1	I have generally more physical energy.	0 _____ 10
2	When I exercise I have more energy and feel stronger?	0 _____ 10
3	I can perform physically longer without the expected fatigue.	0 _____ 10
4	My athletic performance has improved over-all.	0 _____ 10
5	I recover faster after exercise.	0 _____ 10
6	Joint aches and pains are less.	0 _____ 10
7	My hair is growing faster.	0 _____ 10
8	The color of my hair is darkening.	0 _____ 10
9	My nails are harder or growing faster.	0 _____ 10
10	Facial texture has improved.	0 _____ 10
11	Ringing in my ears (Tinnitus) has improved by:	0 _____ 10
12	Skin thickness has increased.	0 _____ 10
13	The numbers of cold or illnesses I experience a year have decreased.	0 _____ 10
14	Colds, flu-symptoms are less intense and last less time.	0 _____ 10
15	My allergy symptoms have improved since the start of my Millennium Protocol	0 _____ 10

Since my last MPQ I had: ☐ Physical Injury. ☐ Surgical Procedure. ☐ Hospitalization. ☐ Another TBI

Comments:

I consent to the offices of Mark L. Gordon, MD to provide continued medical care to me inclusive of laboratory testing, prescribing of medication/nutraceuticals via Telemedicine and or a Face-to-Face visits.

Signature and Date -

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