Hormone Health Intake Form

Personal Information

First Name	
Last Name	
Street	
Unit	
City	
State/Province	
Unspecified	
ZIP/ Postal Code	
Country	
Unspecified	
Email Address	
Home Phone	
Mobile Phone	
Date of Birth	

Occupation	
Hours per week	

Adrenal Health Picture

Check all that apply*

Please be honest! This form is private.

I am a single parent	
I have struggled with infertility	
I am in an unhappy marriage	
I have people close in my life who are suffering from alcohol or drug abuse	
I work shift work	
I love my job but have too much work to do	
My boss is too demanding	
My co-workers cause extra stress in my life	
Chemicals surround me in my workspace	
I don't eat regularly, often skipping meals and going 5+ hours without eating	
I smoke; drink alcohol or more than 500ml of coffee daily	

My family and friends are not supportive of the things I do or believe	
I am constantly the doer in every relationship in my life and feel like no one is there for me	
I am worried about my finances	
I look at myself in the mirror and think negative thoughts	
I feel lonely often	
I have feeling feelings of guilt or anger	
I am afraid of failing	
I feel anxious often	
I feel trapped and sometimes like I can't cope	
I am exhausted but I keep pushing, I keep going	
My stomach is the first place I feel stress	
I crave sugar	
I am sick more than 3x annually	
I have no sex drive	
I am always tired	

Breast and Reproductive Health

Dr. Robert Carnes & Dr. Ashley Carnes
2323 W. Main St. Suite 109, Dothan, AL 36301
334-794-2225/ www.carneswellness.com

Check all boxes that apply

Please be honest! This form is private.

I have not had children and I am between 25-35	
I have not had children and I am 35+	
I have no plans to have children	
I have suffered one or more miscarriages	
I took birth control pills during my teens and 20's	
I took birth control pills after the age of 35	
I have taken or am taking HRT (hormone replacement therapy Premarin, Provera, Prempo)	
I have regular mammograms of Thermo screening	
I don't exercise	
I exercise 1-3 times weekly	
I exercise 3-6 times weekly	
I have suffered from depression where medication was needed and/or used	
I have had a breast reduction, breast implants or implants removed	
I have had more than 2 chest xrays in my life	

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

I am exposed to EMF due to excess computer work, phone use, living near hydro lines or hydro plants, I work in a space where we do xrays or	
I use regular bleached sanitary products such as Always and Tampax	
I eat non-organic non-gmo free animal products and dairy	
I use non-organic make up and body care products	
I do not eat organic produce	
My period started before the age of 12	
I had late menopause, started after the age of 50	
I have had a cervical ablasion	
I have had a partial or full hysterectomy	
I have heavy, painful periods	
I have clotting	
I feel like my whole period comes in 1-2 days and then almost nothing	
I eat a high fat, high animal protein diet and consume dairy daily ex: yogurt, cheese, whey protein, cottage cheese, ricotta cheese, casein,	

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

I don't eat cruciferous veggies ex: broccoli, cauliflower, arugula, bok choy, brussel sprouts, kale, cabbage, radish, turnip and watercress	
I take cholesterol-lowering medications	
I take blood pressure medication	
I use ulcer medication	
I use anti-yeast medication	
A first-degree relative (mother, sister, daughter) has had breast cancer or ovarian cancer or uterine cancer or cervical cancer	

Yes or No

Do you consume soda, diet or regular 1-5 times weekly?*

Yes

No

Do you have a history of 1 or more cycle of antibiotics per year?*

Yes

No

Have you take prednisone or puffers or corticosteroid creams?*

Yes

No

Does the smell of perfume, smoke and chemicals affect you?*

Yes

No

Do you crave sugars and bread?*

Yes

No

Do you suffer from headaches or migraines

Yes

No

How often?

Describe them

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

Bloods Sugar and Insulin Regulation

Check which applies*

Enter a 0 for symptoms you never experience
Enter a 1 for those that are mild
Enter a 2 for those that are moderate

Enter a 3 for those that are frequent or all the time

	0	1	2	3
Afternoon Exhaustion				
Allergies				
Anxiety				
Awaken after a few hours of sleep				
Breathing heavily				
Blurred vision				
Butterflies in stomach				
Can't concentrate				
Can't decide easily				
Can't wake up or get started in the morning without coffee				
Can't work under pressure				
Chronic indigestion				
Cold hands and feet				

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

Constantly hungry				
Crave bread				
Crave sweets or coffee in the afternoon				
Cry easily or for no reason				
Depression				
Dizziness				
Eat when nervous or sad				
Fatigue that is relieved by eating				
Forgetfulness				
Frequent urination				
Get shaky if hungry				
Headaches				
Heart palpitations				
Indecisiveness				
Irritable before meals				
Irritability in general				
Joint Pain				
Lack of energy				
Moodiness				
Muscle and back pain				

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

Muscle twitching and cramping				
Nervousness				
Noise or light sensitivity				
Obesity				
Perspiration has bad odour				
Poor exercise performance				
PMS				
Restlessness				
Sighing and Yawning				
Sleepy after meals				
Sleepy during the day				
Sweating				
Wake at night to pee				

Candida Connections

Click the one that applies*

Enter a 0 for symptoms you never experience
Enter a 1 for those that are mild
Enter a 2 for those that are moderate

Enter a 3 for those that are frequent or all the time

	0	1	2	3
Vaginal discharge or irritation				

Bladder infections				
Fluid retention				
Difficulty getting pregnant				
Frequent sinus infections				
Have allergies to food and environment				
Feel worse on damp days or in old, moldy, musty spaces				
Experience anxiety				
Have insomnia				
Experience gas and bloating				
Experience constipation				
Diarrhea				
Have bad breath				
Feel spacey often				
Painful joints				
Always congested when you wake up				
Feel pressure or irritation behind your eyes				
Frequent headaches				
Thyroid issues				
Muscle aches and pains				

Dr. Robert Carnes & Dr. Ashley Carnes
2323 W. Main St. Suite 109, Dothan, AL 36301
334-794-2225/ www.carneswellness.com

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

FULL BODY SKIN SCAN

Privately and on your own you are going to perform a complete head to toe scan of your body and skin. You will need to be fully naked for this and have a full-length mirror accessible. I know this can be very intimidating and feel vulnerable but I can't stress to you all enough just how important knowing more about the skin you are in is. This information is not required for this form, but feel free to share it if you feel comfortable. If you are not comfortable submitting to me this info PLEASE RECORD AND KEEP PRIVATELY FOR YOURSELF SOMEWHERE. You need to know the landscape of your body.

You will begin by scanning the skin on your face and neck and make notes about what you see?

Are you oily, dry, patchy, do you have rosacea patches or melasma?*

Did you ever have a bad sunburn on your face or scalp?*

Make note of acne, pimples, rashes, unevenness, scaly skin etc.*

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

Excess hair growth, moles, skin tags and birthmarks and/or scars*

Excess hair growth, moles, skin tags and birthmarks and/or scars*

Once you have noted EVERYTHING about your face and neck area you will do the same thing for your arms; the front, sides and backs of your arms plus your armpit area all the way down to the palm and backside of your hands.*

CARNES
CHIROPRACTIC & WELLNESS
CLINIC

Protectors of Health
1 Cor 13:7

2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

Move down to the front of your torso and notice what you see about your breasts, your abdomen, navel, side waists, and your back and back of your neck. Notice all skin findings as well as curves in the spine, one shoulder higher than the higher etc.*

CARNES
CHIROPRACTIC & WELLNESS
CLINIC

Protectors of Health
1 Cor 13:7

2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

Move your attention to your glutes, hips, pelvis and thigh area; pay attention to any rashes or pimples of bumps on your glutes, between your bum cheeks, your inner thighs, near your vaginal area etc.*

CARNES
CHIROPRACTIC & WELLNESS
CLINIC

Protectors of Health
1 Cor 13:7

2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

Move down to your lower legs, look all around your knees, the front and back of your thighs and calves.*

CARNES
CHIROPRACTIC & WELLNESS
CLINIC

Protectors of Health
1 Cor 13:7

2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

Take a look at your feet. Any dry, scaly areas? How about bunions or hammer toe or warts or athlete's foot or fungus?*

CARNES
CHIROPRACTIC & WELLNESS
CLINIC

Protectors of Health
1 Cor 13:7

2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

If there is any area you forgot to look at stand back and take one more final FRONT, SIDE and BACK view (using your phone camera or another mirror)*

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

NAIL SCAN

Too often our nails are looked at simply as a pretty base to color and paint but the size, shape, texture, color and growth rate of your nails are like a window into the health of your body.

As you scan both the nails on your hands and your feet look for:

Yellowing

Dry, cracked or brittle

White spots

Deep vertical ridges or lines

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

Deep horizontal ridges or lines

Visible bumps

Spooning nails (curving upward

Dark Discoloration

You bite your nails

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

You wear nail polish often

Nail Polish is organic

Nail Polish is not organic

You often have false nails or gels

TONGUE SCAN

Open your mouth first thing in the morning and stick your tongue out. What do you see? Record everything.

Check all that apply.

Do you notice the following?	
Brown or yellow fuzz?	

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

White thick coating?	
White spots?	
Dark red patches?	
Cuts or splits?	
Wrinkles?	
Red bumps or blisters?	
Pimples?	

Extra Notes

EYE SCAN

Stand in the mirror with no eye make up on and gaze into and around your eyes. Check all that apply.

What do you see?

Are your eyebrows thinning or disappearing?	
Do you have styes in or around your eye?	
Are they yellow or discolored?	
Patches or dry skin on or around your eyelids?	
Discharge from your eyes or crusty lids in the morning?	
Burning Sensations?	
Dry eyes?	
Any dots or odd-looking markings on the pupil or Iris of your eyes?	

Extra Notes

HAIR SCAN

With zero products in your hair and when it is clean and dry, take note of what you see. Check all that apply.

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

What do you notice?

Dry, split ends?	
Frizzy?	
Grey?	
Slow growing?	
Dry scalp?	
Dandruff?	
Yeast or cradle cap on the scalp?	
Moles or clogged pores/pimples/hair follicles?	
Thinning or hair loss?	

Extra Notes

Weight & Body Measurements

Please take note of the following measurements.

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

Weight*

Height*

Resting Heart Rate: sit calmly and hold your two peace fingers to your left wrist and count your heart for 15 seconds and x by 4 to achieve your RHR*

What Does Your Day Look Like?

Let me know what your day looks like and be honest.

I'm not judging you, and this isn't a competition to see who has the most on their calendar or can check the most things off their list in a day.

This is for me to get a clear picture of what is going on in your day-to-day life, the demands, stress and tension you may be under and how it connects to the way you are feeling and what is going on in your body.

Can you tell me about your morning routine?

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

FOOD - What does your average day look like, in regards to food? *

Please write out for me your day from the time you wake until bed in regards to what you drink and eat.

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

Do you enjoy food prep or do you find this a struggle? Please tell me more...

HYDRATION - how much water / herbal tea / smoothies do you get in a day?*

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

SUPPLEMENTS - What do you take, how much, which brands, and WHY? *

MEDICATION - What do you take, how much, which brands, and WHY? * (Synthetic Birth Control included) *

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

Do you use any of the following & if so how much a day? Alcohol, Marijuana or CBD*

Have you recently been given any medications or had any new shots? (last 6 months)*

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

What is your current stress picture? What in your life causes you stress? *

How has your body historically responded to stress?

CARNES
CHIROPRACTIC & WELLNESS
CLINIC

Protectors of Health
1 Cor 13:7

2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

How old were you when you got your period?

What was your cycle like for you as a teen?

CARNES
CHIROPRACTIC & WELLNESS
CLINIC

Protectors of Health
1 Cor 13:7

2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

What about in your 20's, 30's, 40's etc.?

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

Can you tell me about your cycle now?
Length, your actual bleed week (period) quality, length you bleed for, symptoms prior to and during or anything else important for me to know.

CARNES
CHIROPRACTIC & WELLNESS
CLINIC

Protectors of Health
1 Cor 13:7

2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

What do you do for movement or exercise?

Can you tell me about your evening routine and sleep?

CARNES
CHIROPRACTIC & WELLNESS
CLINIC
Protectors of Health
1 Cor 13:7
2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225

What are you hoping to learn about your body working together?*

Acknowledgement and Assumption of Risk

The Services and Courses provided by us are strictly for informational and educational purposes only. You expressly acknowledge and assume all risk associated with your use of the Services and any subsequent actions you choose to take or not to take, as a result of the information or materials provided to you as part of the Services. Risks include, but are not limited to,

engaging in physical activity and exercise that may lead to serious injury and damages, and/or trying new foods, herbs or supplements, which may lead to adverse or allergic reactions. Breath work and movement practices should not be done if you are pregnant without the consultation of a doctor and/or regulated healthcare provider. You expressly acknowledge that the dangers and risks associated with the Services and Courses listed here are not complete. Your voluntary participation in the Services and Courses illustrates your understanding and assumption of all the risks and potential risks of the Services and Courses.

Signature:_____ Date:_____