

Diagnostic Request Form

1) Practitioner Details

Name: _____
 Qualification: _____
 Address: _____

 Phone: _____

2) Patient Details

Name: _____
 Sex: M / F Date of Birth: _____
 Address: _____

 Phone: _____

3) Charge to: (Select one)

- Practitioners account, Signature Required: _____
- Internet Payment to account number: 06 0101 0896694 02 Reference (customer name/diagnostic)
- Patient Credit Card: No.: _____ Exp: _____ NOTE: 1.6% surcharge applies.

4) Tests requested: Select from the following tests:

| | |
|--|--|
| Adrenocortex Stress Profile RRP\$202.50 (DHEAs-8am, Cortisol-8am, noon, 4pm, 8pm) Collect a saliva sample at 8am, noon, 4pm and 8pm <input type="checkbox"/> | Male Hormone Screen 1 RRP\$177.50 (DHEAs, Estradiol (E2), Testosterone) Collect a saliva sample at 6-8am <input type="checkbox"/> |
| Female Hormone Screen 1 RRP\$265.00 (DHEAs, Estrone (E1), Estradiol (E2), Estriol (E3), Progesterone, Testosterone) Collect a saliva sample at 6-8am <input type="checkbox"/> | Male Hormone Screen 2 RRP\$270.00 (DHEAs, Estrone (E1), Estradiol (E2), Estriol (E3), Testosterone) Collect a saliva sample at 6-8am <input type="checkbox"/> |
| Female Hormone Screen 2 RRP\$197.50 (DHEAs, Estradiol (E2), Progesterone, Testosterone) Collect a saliva sample at 6-8am <input type="checkbox"/> | Sleep Cycle RRP\$145.00 (Cortisol, Melatonin) Collect a saliva sample at 12-2am <input type="checkbox"/> |

OR create your own hormonal panel by circling the appropriate hormone and desired time of collection

| | 6-8am | Noon | 4pm | 8pm | 12-2am | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|----------|----------|----------|
| Cortisol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Androstenedione | | | | | <input type="checkbox"/> | | | | |
| DHEAs | | | | | | | | | |
| (E1) Estrone | | | | | | | | | |
| (E2) Estradiol | | | | | | | | | |
| (E3) Estriol | | | | | | | | | |
| Progesterone | | | | | | | | | |
| Testosterone | | | | | | | | | |
| Costs | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Hormones | Hormones | Hormones | Hormones | Hormones | Hormones | Hormones | Hormones | Hormones |
| RRP | \$122.50 | \$177.50 | \$197.50 | \$222.50 | \$262.50 | \$287.50 | \$312.50 | \$337.50 | \$377.50 |

| Optional Additional Information | | | | | | | |
|-----------------------------------|-------------------|--------------------------|----------------------|--------------------------|-----------------|--------------------------|-----------------------|
| Current Medications (please tick) | | | | Last Dose taken: | | | |
| <input type="checkbox"/> | Estrogen | <input type="checkbox"/> | Cortisol | <input type="checkbox"/> | Melatonin | <input type="checkbox"/> | DIM |
| <input type="checkbox"/> | Progesterone | <input type="checkbox"/> | DHEA | <input type="checkbox"/> | Thyroid | <input type="checkbox"/> | Pregenolone |
| <input type="checkbox"/> | Testosterone | <input type="checkbox"/> | DHT | <input type="checkbox"/> | Arimidex | <input type="checkbox"/> | Growth Hormone |
| <input type="checkbox"/> | Indole-3-Carbinol | | | | | | |
| Notes | | | | | | | |
| Type of Medication (please tick) | | | | | | | |
| <input type="checkbox"/> | Cream | <input type="checkbox"/> | Capsule | <input type="checkbox"/> | Tablet | <input type="checkbox"/> | Troche |
| <input type="checkbox"/> | Pessary | <input type="checkbox"/> | Suppository | <input type="checkbox"/> | Injection | <input type="checkbox"/> | |
| Notes | | | | | | | |
| Current Symptoms | | | | | | | |
| <input type="checkbox"/> | Hot Flashes | <input type="checkbox"/> | Poor Erections | <input type="checkbox"/> | Joint Stiffness | <input type="checkbox"/> | Low Stress Resistance |
| <input type="checkbox"/> | Low Sex Drive | <input type="checkbox"/> | Tired in the morning | <input type="checkbox"/> | Tired all day | <input type="checkbox"/> | Low Blood Pressure |
| <input type="checkbox"/> | Cold Hands/Feet | <input type="checkbox"/> | Poor Memory | <input type="checkbox"/> | Dry Vagina | <input type="checkbox"/> | Sore Breasts |
| <input type="checkbox"/> | Weak Strength | <input type="checkbox"/> | Emotional | <input type="checkbox"/> | Hair Loss | <input type="checkbox"/> | Weight Loss |
| <input type="checkbox"/> | Allergies | <input type="checkbox"/> | Fluid Retention | <input type="checkbox"/> | Poor Sleep | <input type="checkbox"/> | Headaches |
| <input type="checkbox"/> | PMT | <input type="checkbox"/> | Weight gain | | | | |
| Notes | | | | | | | |