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General Follow-Up Questionnaire

The answers provided to the questions below will allow us to maintain your medical history and will help in advising about current medical therapies. All information provided will be kept confidential.

Name		Date
Date of Birth	Phone-H	Phone-W
Address if new		
e-mail address		Current PCP

1. At this point in my program, my primary goals and/or chief concerns are: _____

2. I complied with the protocol/plan designed for me at the last visit and take my supplements as scheduled:

- Everyday
- 75% of the time
- 50% of the time
- 25% of the time
- Rarely
- What challenges or obstacles keep you from following your plan and taking your supplements as scheduled? _____

3. I feel that the protocol/plan I've been following has helped me improve:

- By 100%
- By 75%
- By 50%
- 25% or less, but have seen some positive change
- No improvement

- New symptoms: _____

4. I am currently exercising:

- Daily
- 5 times per week
- 3 times per week or less
- Type of exercise _____
- Duration of activity _____

5. I am currently getting a restful nights sleep: Yes _____ No _____

6. I am getting at least 20 minutes of relaxation each day: Yes _____ No _____

7. What stressors in your life may be contributing to your current state of health? _____

8. My daily diet usually includes:

- Breakfast
- AM snack
- Lunch
- PM snack
- Dinner
- Evening Snack

My appetite is:

- > poor
- > fair
- > good
- > very good
- > out of control

I need help with my diet yes _____ no _____

9. Since health information may change periodically, please notify us of any new medications, prescription and nonprescription, allergies, drug reactions or health conditions. _____

Current Medications: _____

Current Vitamins or OTC products: _____

SYMPTOMS

Rate your current status for each symptom by checking the appropriate modifier. Please feel free to use additional space to describe any symptom. This section may be repeated upon subsequent visits.

	Absent	Mild	Moderate	Severe
1. Energy crashes mid-afternoon	_____	_____	_____	_____
2. Fatigue, Lack of Energy	_____	_____	_____	_____
3. Craving for salty food	_____	_____	_____	_____
4. Exhausted Easily	_____	_____	_____	_____
5. Sensitive to changes in weather	_____	_____	_____	_____
6. Loss of Sex Drive	_____	_____	_____	_____
7. Dark circles under eyes	_____	_____	_____	_____
8. Wounds heal slowly	_____	_____	_____	_____
9. body tender/sensitive to touch	_____	_____	_____	_____
10. Feel puffy/swollen all over	_____	_____	_____	_____
11. Symptoms of Low Thyroid	_____	_____	_____	_____

- Have unusual fatigue unrelated to exertions?
- Feel chillier than others, often needing to wear socks to bed?
- Dress in layers because of needing to adjust to various temperatures?
- Have feelings of anxiety that sometimes lead to panic?
- Have trouble with weight, often eating lightly, yet still not losing a pound?
- Experience aches/pains in muscles/joints unrelated to trauma or exercise?
- Have increased problems with digestion or allergies?
- Feel mentally sluggish, unfocused, or unusually forgetful?
- Know of anyone in your family who has ever had a thyroid problem?
- Suffer from dry skin, or are prone to adult acne or eczema?
- Go through periods of depression, and/or lowered sex drive?
- Family history of diabetes, anemia, rheumatoid arthritis, early graying hair?
- Experience your hair as feeling like straw, dry and easily falling out?
- Have significant menopausal symptoms or migraine despite estrogen?
- Have a history of whiplash or other neck injuries?
- Have a history of significant exposure to chlorine, bromine, or fluoride?
- Feel utterly exhausted by evening, yet have trouble sleeping?
- Do you wake up tired?

If you would like us to share this information with your physician, please initial _____
Please list which physicians: _____

Date: _____ Signature: _____

Your signature acknowledges your receipt of [SRCP's Notice of Privacy Practices](#) according to New Federal Government HIPAA Regulations (This notice describes how medical information about you may be used and disclosed). It does not acknowledge your agreement or any restrictions you may request regarding your Protected Health Information.