



# Male Introduction Form for Private Medical Health Consult

Please fill out the form below to request an appointment with Dr. Gidon Frame.

## Name

First

Last

## Address

Address Line 1

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

## Phone

## Email

## Date of Birth

## How did you hear about us?

## Medical Health Card Number -PHN

What is your main concern that you want Dr. Frame to address?

**What has motivated you to request this medical consultation?**

**Describe any previous hormone or steroid treatments:**

**Are you experiencing symptoms of andropause (male hormone decline) or aging?**

Yes  No

**Current Supplements: Vitamins**

**If so, describe symptoms.**

**Current Supplements: Minerals**

**List any medications and dosage that you are currently taking. Including non-prescription medications and/or hormone treatments:**

**Current Supplements: Herbs**

**Are you experiencing the following?**

Yes No

Decreased libido (sex drive)?

Lack of energy?

A decrease in strength and/or endurance?

Loss of height?

Decreased "enjoyment of life"?

Sad and/or grumpy?

Sleepiness post meal?

Recent deterioration in your work performance?

**Cancellation and No-Show Policy:**

We reserve valuable time especially for you, Anti-Aging Medical and Laser Clinic has an active cancellation and no-show policy.

**No-Show Fees:** \$550

**Late Cancellation Fee:** \$275 (Within 48 hours prior to appointment by phone -no email.)

Cancellation or late cancellation fee must fully paid prior to a new booking being made.

Please signify that you agree to these policies by entering your name and the date below.

**Today's date:**

**Signature**