



FORESIGHT

Adult Man's Questionnaire

Date:

Code:

All information provided in this document will be treated in strictest confidence.

Name.....

Address.....

.....

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Tel (work):..... Tel:.....

Sex:..... Age:..... DOB:..... /..... /.....

Ethnic origin:..... Height(m).....

Weight(kg)..... Hair colour.....

GP's name:.....

Address:.....

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..... Tel:.....

Foresight Clinician:

SPECIFIC INFORMATION FOR HAIR SAMPLE

Has you hair been treated during the last three months with? *Please give type:*

Bleach.....

Highlights.....

Perm.....

Colour/tint.....

Shampoo.....

Conditioner.....

MALE FERTILITY STATUS

Please tick box:

Have you had a sperm count? Number.....

Malformed sperm? Percentage.....

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Sperm motility.....

Clumping?.....

IN THE PAST HAVE YOU HAD:

Mumps Non specific urethritis

Rubella Testicular cancer

Vasectomy reversal Varicoceal

HAVE YOU BEEN CHECKED FOR?

Aids Heam. Strep.

Anaerobic bacteria Herpes

B.Strep. Klebsiella

Candida Mycoplasma

Chlamydia Staph. Aureus

Enterococcus Strep. Millerii

E. Coli Syphilis

Gardnerella Trachimonas

Gonorrhoea Ureaplasma

Heam. Influenza

Toxoplasmosis Cytomegalovirus

CURRENT MEDICAL TREATMENT: Do you regularly take?

Antidepressants Painkillers

Diuretics Sleeping tablets

Insulin Steroids

Laxatives Tranquillizers

Other Medication (male).....

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MEDICAL HISTORY

Do you suffer from any of the following Deficiency/Allergy Symptoms? *Please tick box if so*

- Acne Headaches
- Apathy Insomnia
- Back Pain Irritability
- Bleeding gums Lank hair
- Bloating Memory loss
- Body odour Nervousness
- Bowel cramps Palpitations
- Brittle nails Panic attacks
- Bruising Sensitivity to light
- Catarh Sensitivity to noise
- Cold hands/feet Constipation
- Cramps Short sight
- Dandruff Stretch marks
- Dental decay Sweating (heavy)
- Diarrhoea Tinnitus
- Dizziness Urticaria
- Early grey hair Vertigo
- Fatigue White spots on nails
- Griping Hair loss
- Grooved tongue Halitosis

PRESENT / PREVIOUS ILLNESSES OR CONDITIONS: *Please tick box*

- Anorexia Irritable bowel
- Arthritis Lumbago
- Asthma Migraine
- Cancer Mouth ulcers
- Coeliac disease Myalgic
- Colitis Encephalopathy(M.E.)
- Depression Multiple-Sclerosis(M.S.)
- Diabetes High blood/pressure
- Dyslexia Obesity
- Ear Infections Rheumatism
- Eczema Rheumatoid-Arthritis
- Epilepsy Varicose veins
- Haemorrhoids Sciatica
- Heart disease

ARE YOU IN REGULAR CONTACT WITH?

- Alcides (Copper containing) Food additives
- Gas boiler Aluminium pans
- Gas fire/cooker Aluminium kettle
- Greenhouse smokebombs Ascot-type Water heater
- Antacids Herbicides
- Microwave oven Foil wrap
- Coffee-mate Moth balls
- Copper/brass jewellery Paint stripper
- Photocopier Electric over-blanket
- PVC Clingfilm Sunbed
- Tuna fish Fluoridated water
- Tinned foods/drinks
- Fly killers Tinned Foods/drinks
- V.D.U. Wallpaper remover (Toluene)

Please tick the appropriate box:

- Do you smoke? How many a week?
- Do you drink? How many units a week?
- Do you use drugs? - *Please attach full details*

ANY FURTHER DETAILS:

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