BLUEPRINT HEALTH

PATIENT: PLEASE RETURN THIS FORM TO THE FRONT DESK TO BE FAXED TO BLUEPRINT HEALTH.

1. **COMPLETE THE SURVEY below so that we may determine whether some of the symptoms you are experiencing may be due to Hormone Deficiencies.**

Make sure you have provided accurate contact information below, so one of our nurses can contact you to discuss next steps.

Provider you are seeing today: _____

2. PATIENT INFORMATION

First Name: _____ Last Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Best to Call): _____

SSN: _____ Birthdate: _____ Gender: ◯ Female ◯ Male

3. PATIENT SURVEY

0 = I do not experience this symptom / 1 = This symptom is a minor problem for me / 2 = This symptom is a moderate issue for me
3 = This symptom is a real problem / 4 = This symptom is so severe that I can barely function

EVERYONE (please complete)

1. Do you have a decrease in libido (sex drive)? 1 2 3 4 5	2. Do you have a lack of energy? 1 2 3 4 5	3. Do you have a decrease in strength and/or endurance? 1 2 3 4 5	4. Have you lost height? 1 2 3 4 5	5. Have you noticed a decreased enjoyment of life? 1 2 3 4 5
6. Are you sad and/or grumpy? 1 2 3 4 5	7. Are your erections less strong? 1 2 3 4 5	8. Have you noticed a recent deterioration in your ability to play sports? 1 2 3 4 5	9. Are you falling asleep after dinner? 1 2 3 4 5	10. Has there been a recent deterioration in your work performance? 1 2 3 4 5

EVERYONE (please check all that apply)

- ❑ Hungry or not, I snack on foods at home or at work, and If there's food around me, I'll probably eat it.
- ❑ I rarely take the time to plan my meals, so most are take-out or eaten in restaurants.
- ❑ I have difficulty controlling my portion sizes.
- ❑ I want to exercise but have little time to devote to being more active because of my hectic schedule.
- ❑ I'm doubtful that I will ever find someone who can help me lose weight.

WOMEN (please check symptoms)

- ❑ Irregular Periods
- ❑ Hot Flashes and/or Night Sweats
- ❑ PMS-like symptoms
- ❑ Irritability
- ❑ Bloating, Gas Diarrhea, Constipation
- ❑ Stiff or Achy Joints
- ❑ Weight Gain
- ❑ Loss of Libido
- ❑ Vaginal Dryness
- ❑ Thinning Hair
- ❑ Painful Menstrual Cramps
- ❑ Insomnia
- ❑ Mood swings
- ❑ Breast Swelling
- ❑ Headaches

Complete requested information, sign and fax to (844) 965-9871 or email to info@blueprint2health.com

BLUEPRINT HEALTH

For more information please visit our website at
Blueprint2health.com

PATIENT INFORMATION

Dear Patient,

Based on your completed Symptom Assessment, your Provider, partnered with Blueprint Health, recommends ordering a highly-specialized lab panel to determine if your symptoms are related to a hormonal imbalance or deficiency.

The purpose of this panel is to review your body's critical hormones and include, but are not limited to measuring:

- Testosterone
- Estradiol
- Vitamin D3
- Thyroid
- DHEA
- B12
- Progesterone

If these hormone or vitamin levels are in abnormal ranges, there could be an easy fix to the symptoms you've been experiencing.

Your doctor has partnered with Blueprint Health to provide you with the best possible care throughout the entire process. Your Nurse will be contacting you shortly to arrange for your lab panel.

WHAT YOU NEED TO KNOW BEFORE GETTING YOUR LAB WORK

- Fasting Lab Draw (nothing to eat/drink except for water the 8 hours prior to your draw)

- Early morning is best time of day for draw (7am - 9:30am)

- No strenuous exercise 24-hours prior to labs

HOW LAB DRAWS WORK

Depending on your personal insurance coverage, you will be scheduled with a mobile phlebotomist who will come to you to perform the lab draw …

OR …

you will be scheduled to visit a local Quest or LabCorp collection center for your draw. Your Nurse will assist in determining the appropriate path for you.

LAB REVIEW

Once your labs are resulted, your Nurse will contact you to review your results and will also coordinate any recommended medication plan approved for you by your Provider.

MEDICATION PLAN

Patients in the Blueprint Health program are directly responsible for payment for services rendered. Your Nurse will explain our monthly program options to you.

BLUEPRINT HEALTH

A Blueprint Health staff member will contact you within 48 hours of receiving this form from your Provider to schedule your blood draw.

If you have questions, contact your Blueprint Heath Patient Care Coordinator at :

(844) 632-4325 ext. 1

OR VISIT:
blueprint2health.com/faqs/