

# Patient Evaluation Form

PLEASE PRINT (must be legible). This form can be filled in and printed online, then mailed or faxed to us.

## Patient Info

Date: \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male  Female

Vegetarian? Yes  No

If yes, please indicate what types of food you eat:

Beef  Pork  Poultry  Fish  Eggs  Dairy

Do you supplement vitamins and/or minerals? Yes  No

If yes, please list the brands and dosages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which do you prefer? Liquid  Capsule

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consult a MD's Choice Representative  
for Future Product Adjustments



Ph. 800-628-0997 • Fax 865-380-2212  
2362 Airbase Rd., Louisville, TN 37777

## Physician Info

Date: \_\_\_\_\_

Name \_\_\_\_\_

Office Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Fax \_\_\_\_\_

Type of Doctor / Specialty \_\_\_\_\_

### This Section is to be Completed by Your Physician

Clinical Assessment Score: \_\_\_\_\_

Systems Deficiency Ranking (0-5): \_\_\_\_\_  
(5 indicates most urgent concern.)

Preventive Health Nutrition (Supplementation) Program:

- Arthritis \_\_\_\_\_
- Osteoporosis \_\_\_\_\_
- Hormonal \_\_\_\_\_
- Cardiovascular \_\_\_\_\_
- Prenatal/Preconception \_\_\_\_\_
- Gastrointestinal \_\_\_\_\_
- Glucose Metabolism \_\_\_\_\_
- Other \_\_\_\_\_

Specific Concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended Initial Regimen:

- Complete Formula™ – Liquid Concentrate
- Complete Trace Minerals
- Arthrosamine™
- Betaine HCL 638mg
- Lipanase – Pancreatic Enzymes
- New Mother's Blend™
- Mag-Cal Plus™
- Cardio-Support Plus™
- Bugs Plus™ (was Probiotics with FOS)
- Chelated Iron
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_