

USING SYMPTOMS TO DETERMINE WHICH HORMONES TO TEST IN BLOOD SPOT

For Females

Check which of these symptoms are troublesome and persist over time. Two or more symptoms are an indication that testing **IGF-1** for imbalances of human growth hormone (HGH) is recommended. This can be selected at the bottom of the testing Requisition Form.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Poor or declining "quality of life" | <input type="checkbox"/> Thickened heel pads |
| <input type="checkbox"/> Memory lapses | <input type="checkbox"/> Premature aging | <input type="checkbox"/> Slowing cognition | <input type="checkbox"/> Changes in skull/face |
| <input type="checkbox"/> Decreased muscle mass | <input type="checkbox"/> Weight gain-waist | <input type="checkbox"/> Decreased exercise capacity | <input type="checkbox"/> Enlarged/thickened heart |
| <input type="checkbox"/> Decreased stamina | <input type="checkbox"/> Bone loss | <input type="checkbox"/> Visual field defects | <input type="checkbox"/> Chronic neurological conditions |
| <input type="checkbox"/> Decreased libido | <input type="checkbox"/> Thinning/sagging skin | <input type="checkbox"/> Thickened palms | |
| <input type="checkbox"/> Sexual dysfunction | <input type="checkbox"/> Heart disease | | |
| | <input type="checkbox"/> Insulin resistance | | |

Check which of these symptoms are troublesome and persist over time. Two or more symptoms are an indication of the need to test for Thyroid Dysfunction by testing **ft4, ft3, TSH, and/or TPO OR Complete Thyroid Profile**. These can be selected at the bottom of the testing Requisition Form.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Slow pulse rate | <input type="checkbox"/> Decreased muscle mass | <input type="checkbox"/> Always feeling hot |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Decreased sweating | <input type="checkbox"/> Thinning skin | <input type="checkbox"/> Bulging eyes |
| <input type="checkbox"/> Cold body temperature | <input type="checkbox"/> Hair loss | <input type="checkbox"/> Infertility problems | <input type="checkbox"/> Erratic behavior |
| <input type="checkbox"/> Cold hands and feet | <input type="checkbox"/> Hair dry or brittle | <input type="checkbox"/> Slowed reflexes | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Weight gain | <input type="checkbox"/> Nails breaking or brittle | <input type="checkbox"/> Constipation | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Can't lose weight | <input type="checkbox"/> Aches and pains | <input type="checkbox"/> Thick tongue | <input type="checkbox"/> Panic attacks |
| <input type="checkbox"/> Memory lapses | <input type="checkbox"/> Decreased libido | <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Decreased concentration |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Bone loss | <input type="checkbox"/> Hoarseness | <input type="checkbox"/> Short attention span |
| <input type="checkbox"/> Mood changes | <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Rapid weight loss | <input type="checkbox"/> Rapid heartbeat |
| <input type="checkbox"/> Swelling/puffy eyes and/or face | <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Goiter |
| <input type="checkbox"/> Nervous | | <input type="checkbox"/> Unusual sweating | <input type="checkbox"/> Tremors in fingers |

Check which of these symptoms are troublesome and persist over time. Two or more symptoms are an indication that testing **Fasting Insulin** is recommended for indications of Insulin Resistance, Metabolic Syndrome and Pre-diabetes. This can be selected at the bottom of the testing Requisition Form.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Food/sugar cravings | <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Elevated triglycerides | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Weight gain-waist | <input type="checkbox"/> Increased urinary urge | <input type="checkbox"/> Low blood sugar | <input type="checkbox"/> Numbness (hands & feet) |
| <input type="checkbox"/> Difficulty sleeping | | <input type="checkbox"/> High cholesterol | |

USING SYMPTOMS TO DETERMINE WHICH HORMONES TO TEST IN BLOOD SPOT

For Males

Check which of these symptoms are troublesome and persist over time. Two or more symptoms are an indication that testing **IGF-1** for imbalances of human growth hormone (HGH) is recommended. This can be selected at the bottom of the testing Requisition Form.

<input type="checkbox"/> Sleep disturbances	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Poor or declining "quality of life"	<input type="checkbox"/> Thickened heel pads
<input type="checkbox"/> Memory lapses	<input type="checkbox"/> Premature aging	<input type="checkbox"/> Slowing cognition	<input type="checkbox"/> Changes in skull/face
<input type="checkbox"/> Decreased muscle mass	<input type="checkbox"/> Weight gain-waist	<input type="checkbox"/> Decreased exercise capacity	<input type="checkbox"/> Enlarged/thickened heart
<input type="checkbox"/> Decreased stamina	<input type="checkbox"/> Bone loss	<input type="checkbox"/> Visual field defects	<input type="checkbox"/> Chronic neurological conditions
<input type="checkbox"/> Decreased libido	<input type="checkbox"/> Thinning/sagging skin	<input type="checkbox"/> Thickened palms	
<input type="checkbox"/> Sexual dysfunction	<input type="checkbox"/> Heart disease		
	<input type="checkbox"/> Insulin resistance		

Check which of these symptoms are troublesome and persist over time. Two or more symptoms are an indication of the need to test for Thyroid Dysfunction by testing **ft4, ft3, TSH, and/or TPO OR Complete Thyroid Profile**. These can be selected at the bottom of the testing Requisition Form.

<input type="checkbox"/> Fatigue	<input type="checkbox"/> Low blood pressure	<input type="checkbox"/> Decreased muscle mass	<input type="checkbox"/> Bulging eyes
<input type="checkbox"/> Depressed	<input type="checkbox"/> Slow pulse rate	<input type="checkbox"/> Thinning skin	<input type="checkbox"/> Erratic behavior
<input type="checkbox"/> Cold body temperature	<input type="checkbox"/> Decreased sweating	<input type="checkbox"/> Infertility problems	<input type="checkbox"/> Anxious
<input type="checkbox"/> Cold hands and feet	<input type="checkbox"/> Hair loss	<input type="checkbox"/> Slowed reflexes	<input type="checkbox"/> Irritable
<input type="checkbox"/> Weight gain	<input type="checkbox"/> Hair dry or brittle	<input type="checkbox"/> Constipation	<input type="checkbox"/> Nervous
<input type="checkbox"/> Can't lose weight	<input type="checkbox"/> Nails breaking or brittle	<input type="checkbox"/> Thick tongue	<input type="checkbox"/> Panic attacks
<input type="checkbox"/> Memory lapses	<input type="checkbox"/> Aches/pains	<input type="checkbox"/> Hoarseness	<input type="checkbox"/> Decreased mental sharpness
<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Decreased libido	<input type="checkbox"/> Rapid weight loss	<input type="checkbox"/> Short attention span
<input type="checkbox"/> Mood changes	<input type="checkbox"/> Bone loss	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Rapid heartbeat
<input type="checkbox"/> Swelling/puffy eyes and/or face	<input type="checkbox"/> Heart palpitations	<input type="checkbox"/> Unusual sweating	<input type="checkbox"/> Goiter
<input type="checkbox"/> Sleep disturbances		<input type="checkbox"/> Always feeling hot	<input type="checkbox"/> Tremors in fingers

Check which of these symptoms are troublesome and persist over time. Two or more symptoms are an indication that testing **Fasting Insulin** is recommended for indications of Insulin Resistance, Metabolic Syndrome and Pre-diabetes. This can be selected at the bottom of the testing Requisition Form.

<input type="checkbox"/> Food/sugar cravings	<input type="checkbox"/> Low blood pressure	<input type="checkbox"/> Elevated triglycerides	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Weight gain-waist	<input type="checkbox"/> Increased urinary urge	<input type="checkbox"/> Low blood sugar	<input type="checkbox"/> Numbness (hands & feet)
<input type="checkbox"/> Difficulty sleeping		<input type="checkbox"/> High cholesterol	

Check which of these symptoms are troublesome and persist over time. Two or more symptoms are an indication of andropause (male menopause) and that **Male Hormone Profile I** (Testosterone, Sex Hormone Binding Globulin, PSA) testing is recommended. This can be selected at the bottom of the Requisition Form.

<input type="checkbox"/> Burned out feeling	<input type="checkbox"/> Irritable	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Increased urinary urge
<input type="checkbox"/> Decreased mental sharpness	<input type="checkbox"/> Decreased strength	<input type="checkbox"/> Stress	<input type="checkbox"/> Decreased urine flow
<input type="checkbox"/> Decreased stamina	<input type="checkbox"/> Weight gain-waist	<input type="checkbox"/> Erectile dysfunction	<input type="checkbox"/> Constipation
<input type="checkbox"/> Sleep disturbances	<input type="checkbox"/> Decreased libido	<input type="checkbox"/> Prostate problems	<input type="checkbox"/> Infertility problems
	<input type="checkbox"/> Hot flashes	<input type="checkbox"/> Night sweats	

Men with andropause symptoms (above) and HGH symptoms (above) testing of the **Male Hormone Profile II** (Testosterone, Sex Hormone Binding Globulin, Prostate Specific Antigen, IGF-1) is recommended. This can be selected at the bottom of the testing Requisition Form.