Clinical Data for A2BS (Anti-Aging Biological Scanner) **Physician stamp**

Name ……. First name ……
Date of birth (or age) ……. **Weight**: ……..
Occupation …… **Size**: ……
N° preceding A2BS ……..…. Marital status: …….

Reasons for this consultation / Symptoms on witch you wish to act / probable diagnosis:
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……
Clinical signs of orientation (if several choices, surround the important symptom):

INTOX …
- ☐ Emotional person: timidity, disappointment
- ☐ Quick-tempered, irritable
- ☐ Sensitive to cold (but improved by movement)
- ☐ Anemic (low Ferritin?)
- ☐ Cramps / Spasms
- ☐ Tendinitis / Periarthritis (derusting)
- ☐ Conjunctivitis (red eye)
- ☐ Piles (leave/bleed)

DYST…
- ☐ Sadness: melancholy, cries…
- ☐ Tired (worsened by the physical exercise)
- ☐ Repeated mucous infections: ORL (anginas / otitis / sinusitis…) /Bronchitis…
- ☐ Dermatology: Common acne / Boil / Fungal infection / Vitiligo (surround)…
- ☐ Contraceptive pill or substitute hormonal treatment (menopause) in progress
- ☐ Dysmenorrhoea
- ☐ Constipation (> at 2 days)
- ☐ Varicose vein / Cellulites
- ☐ Leucorrhea / Bartholinitis

LYMPH …
- ☐ Anorexia / Bulimia / Diet (surround)
- ☐ Disorders of memory
- ☐ Obsessions / worries
- ☐ Twitches /Trembling
- ☐ Langue et haleine chargées
- ☐ Diarrhea (> 3 days and 6 saddles/day)
- ☐ Lipomes / Warts multiple
- ☐ Mastosis / Breast cysts

ACID …
- ☐ Pains (chronic or repeated)
- ☐ Anal crack, varicose ulcer
- ☐ Cystitis (repeated)
- ☐ Bruise easy / Purpura
- ☐ Mouth ulcers / Gingivitis
- ☐ Flatulence/ Gastralgia / Stomac ulcer
- ☐ Herpes (often) / Psoriasis

VASC …
- ☐ Strong anxiety / Anguishes
- ☐ Insomniac (1er/ 2ème part night)
- ☐ Puffs of heat
- ☐ Hyper / hypo Tension : ……./ …….
- ☐ Thyroid problem: ……
- ☐ Disorders rate of heartbeat

DEMIN …
- ☐ Depression: envy nothing …
- ☐ Impotence / Frigidity
- ☐ Prostatic adenoma / Uterus fibroma
- ☐ Hair fall (important)
- ☐ Vertigo / Dizziness
- ☐ Ears buzzes
- ☐ Renal lithiasis (kidney stone)
- ☐ Ostéoporosis
- ☐ Arthritis/Arthrosis: cervical, dorsal, lombar, sciatic nerve, hip, knees (surround)

Intoxications :
- ☐ Tabacco (> to 10 cigarettes daily)
- ☐ Alcohol (> ½ liter wine daily)
- ☐ Tranquillizer / Sleeping pills
- ☐ Antidepressants / Sedatives
- ☐ Anti-inflammatory drugs or Corticoids (in progress or recent)
- ☐ Hypocholesterol or Immunosuppressive drugs / Chemotherapy / Radiotherapy (surround)
- ☐ Recent vaccines (< 10 years): BCG. /Hepatitis B/ Yellow f. / Typhoid / others: .....

Personal history (dates for the surgical operations): ……..……..…….
……..
……..
Number of pregnancies …… ☐ Termination / Miscarriage / Hysterectomy

Wished flavor:	☐ acid	☐ bitter	☐ sweet	☐ hot	☐ salty	
Allergies:	☐ hay fever	☐ migraine	☐ nettle rash	☐ asthma	☐ eczema	
Family history:	☐ hypercholesterol	☐ hyperTA	☐ diabetes	☐ gout	☐ rheumatism	