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PRP Health Screening

Name: _____

Date of Birth: _____

Email: _____

Phone #: _____

Required lab-work within the last 12 months:

CBC

CMP

Hemoglobin A1C

Ferritin

HS-CRP

Additional Labs that may be required:

Thyroid

Estradiol

Testosterone

Please answer the following questions:

- 1) Are you menopausal? _____
- 2) Are you on BHRT (Bio-identical Hormone Replacement Therapy)? _____
- 3) Are you using vaginal hormones? _____
- 4) Are you using oral or topical steroids? _____
- 5) If you have lichen sclerosus, have you had a biopsy? _____
- 6) Do you have an autoimmune disease? _____
- 7) Do you have any digestive problems? _____
- 8) Are you allergic to local anesthetics (benzocaine, lidocaine, tetracaine)? _____
- 9) Are you allergic to iodine? _____
- 10) Do you have small veins or do providers have a hard time drawing your blood? _____

I certify that the information that I given above is correct and accurate to the best of my knowledge.

Signature

Date