

MALE HEALTH HISTORY & SYMPTOMS

For CDSS Round 1

PATIENT INFORMATION

Name: _____ Date: _____

Date of Birth: _____ Age: _____ Weight: _____ Height: _____

PATIENT QUESTIONS

Currently trying to conceive?	Yes	No
Are you on a 5-alpha reductase inhibitor?	Yes	No
Are you on a PDE-5 Inhibitor (Cialis, Viagra, Etc.)?	Yes	No
Are you on any other testosterone boosting medication (Clomid, HCG, etc.)?	Yes	No
Are you currently utilizing BHRT or HRT?	Yes	No
If yes, select types of Hormones:	Testosterone	Thyroid
List name and dose of hormone(s): _____		
Are you currently on statins?	Yes	No
Are you a smoker?	Yes	No
Are you currently on oral nitrates?	Yes	No

MEDICAL HISTORY

Select all that apply:

Fertility:

Want to Maintain Fertility

Cardiovascular Conditions:

Heart Attack or Stroke (within last 6 months)

Tachycardia

DVT or Blood Clot (within last 6 months)

Hypertension

Hyperlipidemia

Obstructive Sleep Apnea

Patient Takes Anticoagulant Medication

Atrial Fibrillation

Cancer:

Breast Cancer or History of Breast Cancer

Active Prostate Cancer or History of Prostate Cancer

Thyroid Cancer or History of Thyroid Cancer

Except for Basal Cell Carcinoma, Any Other Cancers?

Neurological Conditions:

Epilepsy or Seizure Disorder

Depression/Anxiety

Psychiatric Conditions

Migraine with Aura

Meningioma

Endocrine and Metabolic:

Diabetes Type 2 or Insulin Resistance

Hyperthyroid

Hypothyroid

Multiple Endocrine Neoplasia Type-2

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MEDICAL HISTORY

Autoimmune Conditions:

- Diabetes Type 1
- Hashimoto's Thyroiditis
- Graves' Disease
- Rheumatoid Arthritis
- Multiple Sclerosis
- Systemic Lupus (Erythematosus)
- Psoriasis
- IBS (Irritable Bowel Syndrome)
- Crohn's Disease
- Ulcerative Colitis

Organ Specific Conditions:

- Liver Disease or History of Liver Disease
- Kidney Disease or History of Kidney Disease
- LAM (Lymphangiomyomatosis)
- Osteoporosis or Osteopenia
- Prostate Enlargement (BPH)
- HIV
- Hepatitis
- Hemochromatosis
- Pancreatitis or History of Pancreatitis
- History of or Gall Bladder Disease
- Polycythemia Vera (PV)

SYMPTOMS AND CONCERNS

Select all that apply:

- Acne
- Erectile Dysfunction (ED)
- Decreased Libido
- Decreased Desire
- Inability To or Delayed Orgasm
- Weight Gain
- Decreased Muscle Mass
- Difficulty Sleeping
- Urinary Incontinence
- Dry or Flaking Skin
- Lack of Energy (Fatigue)
- Decrease in Strength or Endurance
- Decrease in Work Performance
- Frequent Urinary Tract Infection
- Brittle Nails
- Thinning Eyebrows
- Hair Thinning
- Cold Hands or Feet
- Mind Racing at Bedtime
- Eating When Stressed
- Mood Swings
- Gynecomastia
- Abdominal Obesity