

MALE HEALTH HISTORY & SYMPTOMS

For CDSS Round 2

PATIENT INFORMATION

Name: _____ Date: _____

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

PATIENT QUESTIONS

| | | |
|---|--------------|---------|
| Have you been diagnosed with any cancer since initial pelleting (excluding basal cell carcinoma)? | Yes | No |
| Blood clot, DVT, heart attack or stroke since being pelleted? | Yes | No |
| 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 |
| Select types of hormones you are currently on. | Testosterone | Thyroid |
| Are you on any other testosterone boosting medication (Clomid, HCG, etc.)? | Yes | No |
| Are you currently on statins? | Yes | No |
| Are you a smoker? | Yes | No |

PATIENT'S CURRENT AND PAST MEDICAL HISTORY

Select all that apply:

Fertility:

Want to Maintain Fertility

Cardiovascular Conditions:

Tachycardia

Hypertension

Hyperlipidemia

Obstructive Sleep Apnea

Atrial Fibrillation

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

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

PATIENT'S SYMPTOMS

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