|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Contact Phone:  | Email: |

MALE FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Symptoms | Never | Mild | Moderate | Severe |
| Depressive Mood |[ ] [ ] [ ] [ ]
| Exhaustion/lack of vitality |[ ] [ ] [ ] [ ]
| Declining mental ability |[ ] [ ] [ ] [ ]
| Inability to concentrate / Focus |[ ] [ ] [ ] [ ]
| Sleep Problems |[ ] [ ] [ ] [ ]
| Mood changes/irritability |[ ] [ ] [ ] [ ]
| Weight gain |[ ] [ ] [ ] [ ]
| Hair falling out |[ ] [ ] [ ] [ ]
| Joint pain |[ ] [ ] [ ] [ ]
| Decline in general well being |[ ] [ ] [ ] [ ]
| Easy to fatigue  |[ ] [ ] [ ] [ ]
| Decreased Muscle Strength |[ ] [ ] [ ] [ ]
| Decreased morning erection |[ ] [ ] [ ] [ ]
| Decreased ability to perform sexually |[ ] [ ] [ ] [ ]
| Low Sexual desire |[ ] [ ] [ ] [ ]

|  |
| --- |
| Family History |
| Heart Disease |[ ]  No |[ ]  YES |
| Diabetes |[ ]  No |[ ]  YES |
| Osteoporosis |[ ]  No |[ ]  YES |
| Alzheimer’s Dementia |[ ]  No |[ ]  YES |
| Cancer |[ ]  No |[ ]  YES |