Ageless Solutions

MALE HORMONE PATIENT QUESTIONNAIRE

Date: ________________

Name: ____Date of Birth: (_ _ / _ _ / _______)

Address: ____________________________City: _______________________State: _____Zip: _________

Home Phone: ____________________Work Phone: __________________Cell Phone: ____________________

Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed ☐ Living With Other   Number of Children? ___________

Occupation: ____

Medical History

Have You Ever Had Hormone Replacement Therapy? ☐ Yes ☐ No If So, What Were You On and When?

____

What Medications Are You Currently Taking? ______________________________________

____

Any Drug Allergies? ____

Do You Smoke? ______________ How Many Packs Per Day? __________________

How Often Do You Consume Alcoholic Beverages? ☐ Frequently ☐ Somewhat Often ☐ Rarely ☐ Never

Have You Had Any Surgeries? ☐ Yes ☐ No If So, What? _____________________________

____

Do You Have Any Of The Following Illnesses? ☐ Diabetes ☐ High Blood Pressure

☐ High Cholesterol ☐ Kidney Disease ☐ Thyroid Problems ☐ Heart Disease

☐ Heart Murmur ☐ Hepatitis/Liver Disease ☐ Osteoporosis

Have You Had A Prostate-Specific Antigen (PSA) Test And If So When? ___________Normal? ☐ Abnormal? ☐

Have You Experienced Any Of The Following Symptoms Recently?

Symptom			Symptom		
Sleep Disruption/Insomnia	☐ Yes	☐ No	Fatigue	☐ Yes	☐ No
Short Term Memory Loss	☐ Yes	☐ No	Weight Gain	☐ Yes	☐ No
Decreased Energy	☐ Yes	☐ No	Decreased Motivation	☐ Yes	☐ No
Decreased Stamina	☐ Yes	☐ No	Decreased Sex Drive	☐ Yes	☐ No
Headaches	☐ Yes	☐ No	Harder To Reach Climax	☐ Yes	☐ No
Depression	☐ Yes	☐ No	Loss Of Muscle Mass	☐ Yes	☐ No
Irritability	☐ Yes	☐ No	Difficulty Maintaining Erection	☐ Yes	☐ No
Nervousness	☐ Yes	☐ No	Decrease in Morning Erections	☐ Yes	☐ No

Family History

Any Of The Following Cancers/Illnesses In Your Family?

Prostate Cancer? ______________ Who? ________________________________

Breast Cancer? ______________ Who? ________________________________

Colon Cancer? ______________ Who? ________________________________

Heart Disease? ______________ Who? ________________________________

Osteoporosis? ______________ Who? ________________________________