

Jennifer Y. Park, MD, FACOG
Bryan S. Jick, MD, FACOG
Diane Guerrero, RNC, WHNP
625 South Fair Oaks Ave
Suite 255A
Pasadena, CA 91105



Telephone 626.696.2655
Telephone 626.304.2626
Facsimile 626.585.0695
www.pasadenapellets.com
NPI: 1831416734
Tax ID: 27-2443605

New Patient History (male)

Name: _____ Date: _____
Date of Birth _____ Age _____ Occupation _____

Patient History (check all that apply)

- Decreased sex drive
- Weaker erections
- Longer time to climax
- Loss of spontaneous morning erections
- Infrequent or absent orgasms
- Fatigue and lack of energy
- Dry skin
- Snoring
- Insomnia
- Change in mood: anxiety and/or depression
- Shrinking testicles
- Recent Weight gain
- Declining mental ability and memory
- No result from erectile dysfunction medications
- Diminished strength and exercise tolerance
- Muscle shrinkage, loss of muscle tone
- Joints ache and/or new onset of arthritis symptoms
- Other _____

Medical History

Allergies to Medicines: _____

Current Medications: _____

Medical/Urological Exam in the Last Year:

Prostate exam and PSA:

- Was normal Was abnormal

New Patient History (page 2)

Medical Illnesses:

- High blood pressure
- Heart bypass surgery or stents
- Thyroid disease
- High cholesterol
- Prostate enlargement
- Urinary Problems
- Arthritis
- Depression/anxiety
- Cancer (type): _____ Year: _____

Past Medical History:

- I have had testicular or prostate cancer
- I have an elevated PSA
- I have trouble passing urine or take Prostate or Urinary Medication
- I have chronic liver disease (e.g., hepatitis, fatty liver, cirrhosis)
- I have diabetes
- I have had a stroke and/or heart attack
- I have had a blood clot and/or a pulmonary embolism
- I have hemochromatosis (elevated red blood cell count)

Past Surgical History: None Yes (please specify below)

Type

Date

Social:

- I have completed my family
- I want to be sexually active
- I am married or in a committed relationship (with male or female): _____
- I am sexually active (with male, female, or both): _____

Habits:

- I smoke cigarettes
- I drink more than 10 drinks of alcohol per week
- I am a recovering alcoholic or substance abuser
- I use or have used marijuana in the past year
- I use or have used cocaine or other illegal drugs in the past year

New Patient History (page 3)

Forms of Testosterone Hormone Therapy I have used and results:

Other problems or concerns not listed in this questionnaire:

Your Goals:

- I am here for Testosterone Hormone Pellet Therapy
- I would like to know more about other forms of Bio-identical testosterone hormone replacement
- Other: _____

Signature: _____ Date _____