

Bio-Identical Hormone Questionnaire (Male)

Personal Data

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Email: _____

What prescription and/or non-prescription drugs are you taking (including vitamins, herbal products, or other supplements)?

What Medical Conditions are you being treated for?

What medical conditions have you been treated for in the past 5 years?

Present Symptoms

Rate the following as they apply to you.

	Rare	Mild	Frequent	Severe
1. Fatigue, tiredness or loss of energy	_____	_____	_____	_____
2. Decrease in physical stamina	_____	_____	_____	_____
3. Feeling of depression - a sense that work, marriage or recreational activities have lost significance	_____	_____	_____	_____
4. Decreased libido - less desire for sex	_____	_____	_____	_____
5. Erection or potency problems	_____	_____	_____	_____
6. Loss of early morning erection	_____	_____	_____	_____
7. Dry skin on face or hands	_____	_____	_____	_____
8. Increase in waist size - weight gain, especially around mid-section	_____	_____	_____	_____
9. Increased fat distribution in chest area or hips	_____	_____	_____	_____
10. Feeling burned out, loss of motivation	_____	_____	_____	_____
11. Increase in aches, joint and muscle pains	_____	_____	_____	_____
12. Frequent use of alcohol - now or in the past	_____	_____	_____	_____
13. Increased irritability, anger or bad temper	_____	_____	_____	_____
14. Decrease in muscle mass	_____	_____	_____	_____
15. The age you are: _____ The age you feel: _____				