

MALE HEALTH HISTORY & SYMPTOMS

For CDSS Continuous Round

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
Are you on any other testosterone boosting medication (Clomid, HCG, etc.)?	Yes	No
Select types of hormones you are currently on.	Testosterone	Thyroid
Are you currently on statins?	Yes	No
Are you a smoker?	Yes	No
Are you currently on oral nitrates?	Yes	No

PATIENT'S CURRENT AND PAST MEDICAL HISTORY

Select all that apply:

Fertility:

Want to Maintain Fertility

Neurological Conditions:

Epilepsy or Seizure Disorder
Depression/Anxiety
Psychiatric Conditions
Migraine with Aura
Meningioma

Cardiovascular Conditions:

Tachycardia
Hypertension
Hyperlipidemia
Obstructive Sleep Apnea
Atrial Fibrillation

Endocrine and Metabolic:

Diabetes Type 2 or Insulin Resistance
Hyperthyroid
Hypothyroid
Multiple Endocrine Neoplasia Type-2

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MEDICAL HISTORY

Autoimmune Conditions:

- Diabetes Type 1
- Hashimoto's Thyroiditis
- Graves' Disease
- Rheumatoid Arthritis
- Multiple Sclerosis
- Systemic Lupus (Erlthematous)
- Psoriasis
- IBS (Irritable Bowel Syndrome)
- Crohn's Disease
- Ulcerative Colitis

Organ Specific Conditions:

- Liver Disease (since last pellet)
- Kidney Disease (since last pellet)
- LAM (Lymphangioleiomyomatosis)
- 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