

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

Cardiovascular Conditions:

Tachycardia

Hypertension

Hyperlipidemia

Obstructive Sleep Apnea

Atrial Fibrillation

Neurological Conditions:

Epilepsy or Seizure Disorder

Depression/Anxiety

Psychiatric Conditions

Migraine with Aura

Meningioma

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 (Erythematosus)
 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	Decrease in Work Performance
Erectile Dysfunction (ED)	Frequent Urinary Tract Infection
Decreased Libido	Brittle Nails
Decreased Desire	Thinning Eyebrows
Inability To or Delayed Orgasm	Hair Thinning
Weight Gain	Cold Hands or Feet
Decreased Muscle Mass	Mind Racing at Bedtime
Difficulty Sleeping	Eating When Stressed
Urinary Incontinence	Mood Swings
Dry or Flaking Skin	Gynecomastia
Lack of Energy (Fatigue)	Abdominal Obesity
Decrease in Strength or Endurance	