

# MALE HEALTH HISTORY & SYMPTOMS

## For CDSS Round 1

### PATIENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

### PATIENT QUESTIONS

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
Are you currently utilizing BHRT or HRT?	Yes	No
If yes, select types of Hormones:	Testosterone	Thyroid
List name and dose of hormone(s): _____		
Are you currently on statins?	Yes	No
Are you a smoker?	Yes	No
Are you currently on oral nitrates?	Yes	No

### MEDICAL HISTORY

#### Select all that apply:

#### Fertility:

Want to Maintain Fertility

#### Cardiovascular Conditions:

Heart Attack or Stroke (within last 6 months)  
 Tachycardia  
 DVT or Blood Clot (within last 6 months)  
 Hypertension  
 Hyperlipidemia  
 Obstructive Sleep Apnea  
 Patient Takes Anticoagulant Medication  
 Atrial Fibrillation

#### Cancer:

Breast Cancer or History of Breast Cancer  
 Active Prostate Cancer or History of Prostate Cancer  
 Thyroid Cancer or History of Thyroid Cancer  
 Except for Basal Cell Carcinoma, Any Other Cancers?

#### 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 or History of Liver Disease  
 Kidney Disease or History of Kidney Disease  
 LAM (Lymphangioleiomyomatosis)  
 Osteoporosis or Osteopenia  
 Prostate Enlargement (BPH)  
 HIV  
 Hepatitis  
 Hemochromatosis  
 Pancreatitis or History of Pancreatitis  
 History of or Gall Bladder Disease  
 Polycythemia Vera (PV)

### SYMPTOMS AND CONCERNS

#### 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	