

# MALE HEALTH HISTORY & SYMPTOMS

## For CDSS Round 2

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

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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	