Healthy Living and Longevity Medical Center

Function Higher — Physically, Mentally, Sexually ®

PATIENT NAME: _____ DATE: ____/___/____

NAME YOU WOULD LIKE TO BE CALLED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AGE: _____ DATE OF BIRTH: ____/___/_____ SOCIAL SECURITY #: _____

WORK PHONE: ( ) _____ CELL PHONE: ( ) _____

FAX NUMBER: ( ) _____ HOME PHONE: ( ) _____

AT WHICH TELEPHONE NUMBER(S) MAY WE CONTACT YOU _____

EMAIL ADDRESS: _____

OCCUPATION: _____

PHARMACY NAME & PHONE: ( ) _____ ( ) _____

HOW DID YOU HEAR ABOUT US? ☐FRIEND ☐NEWSPAPER ☐MAGAZINE ☐RADIO ☐TV ☐INTERNET ☐ OTHER (LIST) _____

OTHER MEDICAL COUNSEL (NAME AND TELPHONE NUMBER IF YOU HAVE THIS INFORMATION):

_____

_____

MAY WE CONTACT THIS/THESE PRACTITIONER(S)? ☐YES ☐ NO

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MEDICAL HISTORY FORM

1. Are you ready to make changes in your life? Please indicate you level of readiness by circling the appropriate number in the scale below.

Not prepared to change	0 1 2 3 4 5 6 7 8 9 10	Already changing

2. What would you like for me to help you improve during your visits? Rate them in order of importance for the top three, and then list the others.

a._____

b._____

c._____

Other_____

_____

3a. Current and chronic medical conditions not listed above, please list:

_____

3b. Past medical conditions _____

4a. Have you had any hospitalizations? ☐Yes ☐No

4b. Have you had any emergency room visits? ☐Yes ☐No

4c. Have you had any diagnostic procedures or surgery? ☐Yes ☐No

4d. Have you ever had head trauma (went unconscious), even mild head trauma (been stunned or had a concussion) as an adult or as a child? ☐Yes ☐No

4e. If Yes, please explain: _____

5. Family members diagnosed with cancer or other medical conditions (please specify):

Mother: _____

Father: _____

Brother(s): _____

Sister(s): _____

Grandparents: _____

PLEASE TELL US ABOUT YOUR PERSONAL SITUATION:

6. With whom do you live? _____

7. Are you employed? ☐Yes ☐No
If Yes, what kind of work do you currently do, and do you enjoy your work?
_____

8. How many children do you have? _____ Ages_____

9a. Do you smoke tobacco? ☐No ☐Yes. If yes, for how long_____ and how many packs a day___ week_____.

Tobacco use: ☐Cigar ☐Pipe ☐Snuff ☐Chew

9b. Have you quit? ☐Yes ☐No

9c. Are you interested in quitting? ☐Yes ☐No

10a. How much caffeine do you consume per day?
☐Coffee or tea ___ cups ☐Sodas with caffeine ___ cans or bottles

☐Chocolate ___ ounces ☐None

10b. Are you interested in quitting? ☐Yes ☐No

11a. How much beer, wine, liquor do you consume per week?

☐Beer, ___glasses ☐Wine, ___glasses ☐Hard Liquor, ___ounces ☐None

11b. Does your drinking interfere with your daily functioning or relationships? ☐Yes ☐No

11c. Do you need a drink in the morning, “an eye-opener”’? ☐Yes ☐No

11d. Are you interested in quitting? ☐Yes ☐No

12a. Do you use recreational drugs? ☐Yes ☐No

12b. Have you ever used needles? ☐Yes ☐No

12c. Are you interested in quitting? ☐Yes ☐No

13a. Are you sexually active? ☐Yes ☐No ☐Not currently, how long _____

13b. Current sexual partner(s) is/are: ☐Male ☐Female ☐Both ☐None

13c. Do you have sexual energy? ☐Yes ☐ If not currently, for how long _____

13d. Do you use contraception? ☐Yes ☐No, If yes, what type _____

13e. Do you want to be tested for sexually transmitted diseases? ☐Yes ☐No

14. Do you exercise regularly? ☐Yes ☐No, for ____minutes per day.

What kind of exercise? _____

_____

15. Do you wear seat belts consistently? ☐Yes ☐No

16. Have you ever been abused? ☐Yes ☐No

If Yes, please explain: _____

_____

17. Is violence in the home a concern for you? ☐Yes ☐No

If Yes, please explain: _____

18. Any addictions,, i.e., gambling, sex, alcohol, tobacco? ☐Yes ☐No

19a. Please list the major Stressors/Issues in your life,

_____

_____

_____

19b. On a scale of **0 - 10**, how big a role does stress play in your life?

Circle the number below that best reflects the answer.

No stress	0 1 2 3 4 5 6 7 8 9 10	The most stress you can have

19c. Do you feel that you handle stress well? ☐Yes ☐No

19d. Do you feel “tired and wired”: unable to fall asleep? ☐Yes ☐No

19e. Are you feeling ‘wired’ or high strung? ☐Yes ☐No

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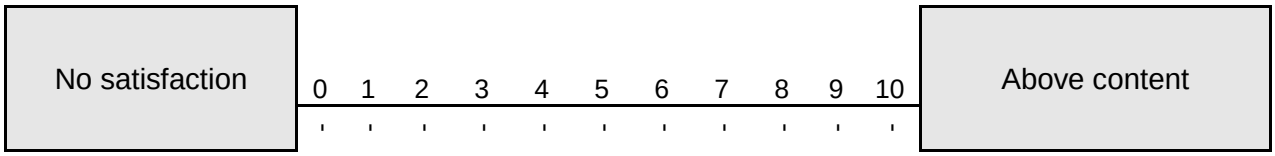
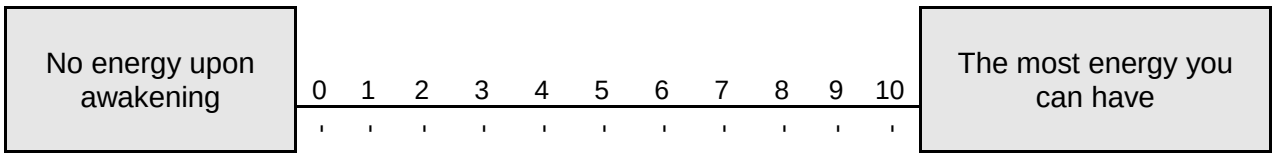
19f. If zero (0) is NO LIFE SATISFACTION and ten (10) is ABOVE CONTENT, where would you rate yourself on the scale below. Put a check mark in the box below the appropriate number.

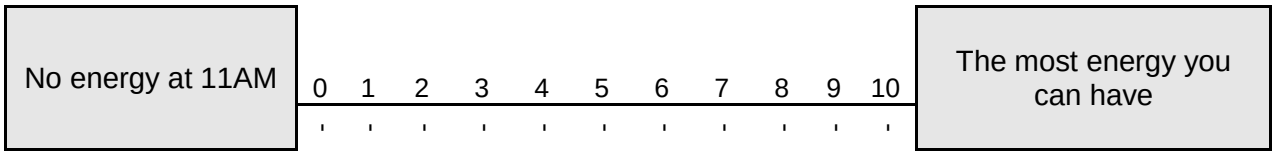


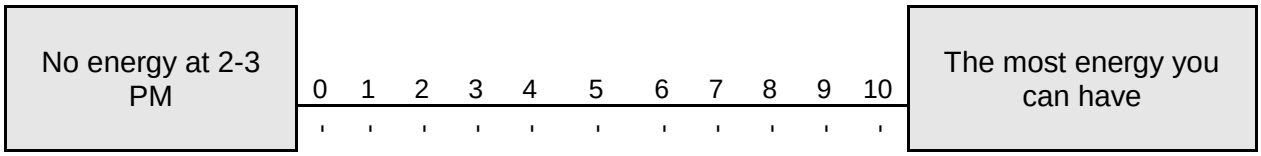
19g. Do you feel refreshed in the morning upon awakening? ☐Yes ☐No

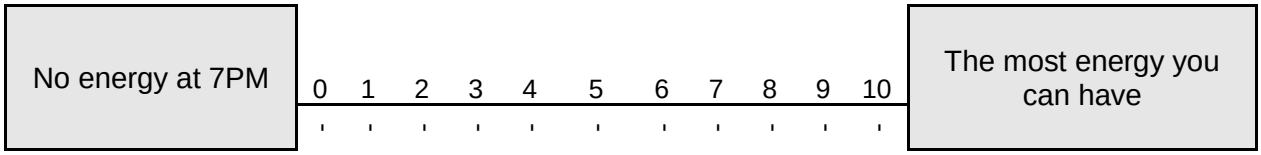
19h. Do you feel “tired” all day? ☐Yes ☐No

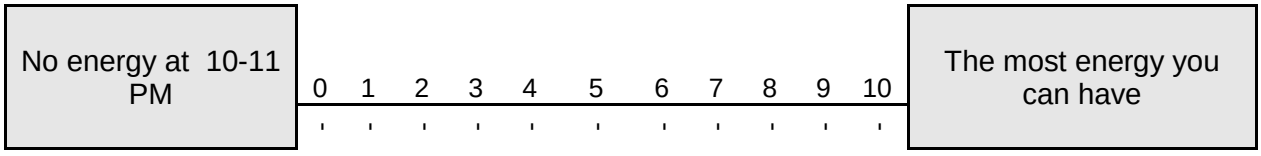
19i. Rate your energy level if zero (0) is NO energy and ten (10) is THE MOST ENERGY YOU CAN HAVE:











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No energy now	0 1 2 3 4 5 6 7 8 9 10	The most energy you can have

Time of day is (fill in and circle): _____ AM/PM

20a. What is the quality of your sleep (excellent, good, poor)?
Explain_____

20b. How many hours a night do you typically sleep? _____hours

20c. How many times a night do you wake up (and why)? _____

21. How much *filtered* water do you drink in one day? _____

22a. Do you have cravings for foods? ☐Yes ☐No

22b. If Yes, list which foods you crave: _____

22c. If so, when do the cravings occur? _____

23a. How many times a day do you move your bowels? _____

23b. I have regular bowel movements daily ☐yes ☐No

23c. Do you experience bloating, belching, burning, or gas *within one hour* after eating?
☐Yes ☐No

23d. Do you have constipation, diarrhea, or would you characterize your bowel movements as irregular in any way? ☐Yes ☐No

If Yes, please explain: _____

23e. Do you have weak, peeling, or cracking of the finger nails? ☐Yes ☐No

23f. Do you have food sensitivities, or allergies? ☐Yes ☐No

23g. Do you have itching around the rectum? ☐Yes ☐No

24a. Are you gaining weight even though you are watching what you eat? ☐Yes ☐No

24b. Do you consider that you eat 'healthy'? ☐Yes ☐No

24c. Recent weight gain _____pounds over the last year. On purpose? ☐Yes ☐No

24d. Recent weight loss _____pounds over the last year. On purpose? ☐Yes ☐No

24e. <u>Best recollection</u>

High school weight: _____

Present weight: _____

Desired weight: _____

Highest weight: _____

Height: _____

Clothing size: _____

How many times have you been on a weight loss diet? _____

25a. Did you become ill while or after traveling outside of the USA? ☐Yes ☐No

25b. List where and when: _____

_____

25c. Have you ever been treated for parasites? ☐Yes ☐No

26. Have you received a blood transfusion? ☐Yes ☐No

27. What are your hobbies? _____

28. Have you ever taken multiple courses of antibiotics? ☐Yes ☐No

29. Have you had psychological counsel in the past, or are you presently seeing someone?

    ☐Yes ☐No

    If Yes, please explain: _____

30. Do you know if you have you been exposed to environmental chemicals or toxic heavy metals? ☐Yes ☐No

    If Yes, which ones? _____

31a. How many dental visits do you have yearly? _____

31b. Do you regularly floss? ☐Yes ☐No How often? _____

31c. Do you have silver fillings (mercury amalgams)? ☐Yes ☐No

31d. Do you have any root canals? ☐Yes ☐No

Allergies, Medicines and Supplements

1a. Allergies to medicines, foods, and environmental substances (such as latex)?

    ☐Yes ☐No

1b. If Yes, please list each one and explain what happens when taken:

    _____

    _____

2. List all medications: including over-the-counter (for example: aspirin), herbal remedies, hormones (both natural and synthetic), vitamins, and mineral supplements, *and note strength and how often you take them* (attach extra paper to list all):

    _____

_____

_____

_____

_____

_____

_____

_____

3. Are you willing to take supplements (vitamins, minerals, etc.)? ☐Yes ☐No

If Yes, how many supplements are you willing to take? ☐ 10 ☐ 25 or ☐ as many as Dr. Bieley prescribes?

Health Changes Questionnaire / Testosterone Deficiency Symptoms

Directions:

Please take your time when filling out this part of the form. You do not have to complete it at one sitting. Only rate the severity of each that applies to you (even if it appears under multiple headings) as: **1 = MILD, 2 = MODERATE or 3 = SEVERE**. LEAVE BLANK if it does not apply to you.

PLEASE do not use check marks to answer. We wish to obtain an accurate baseline of the severity of your signs and symptoms, and to assess improvement during treatment.

Adult-Onset Growth Hormone & IGF-1 Deficiency		
___ Abdominal obesity, fat belly	___ Gray or white hair	___ Obesity
___ Chronic anxiety without any reason	___ Great difficulty in performing multiple tasks	___ Overweight or obese due to progressively increased appetite and worsened in adult years

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___ Cold intolerance	___ Gynecomastia (man boobs or man boobs that are drooping)	___ Paler hair
___ Darker skin that became paler	___ Impaired emotional reactions	___ Penis getting smaller
___ Decreased muscle strength	___ Impaired psychological well-being and quality of life, lacking inner peace	___ Poor general health
___ Deep wrinkled forehead	___ Impaired social status (lower professional position, lower income, poor social integration, often without partner, still living with parents)	___ Poor appetite for meat
___ Deficient muscle mass	___ Inability to lose weight with diet and exercise	___ Poor memory
___ Depression	___ Intensified jet lag effect	___ Poor school performance
___ Difficulty recovering when not having slept enough	___ Joint pains under stressful conditions	___ Possible lower resistance to stress
___ Dramatizing: outbursts of panic and anxiety; may collapse from minor stress	___ Kyphosis (bowed back, stooped over)	___ Recovering very difficult
___ Dropping of eye lids (upper or lower lids)	___ Lack of inner peace	___ Receding gums and jaw bone
___ Droopy triceps (lower arm muscles sagging) or other muscles (like draperies hanging)	___ Lack of concentration	___ Reduced aerobic and anaerobic capacity (easily tire)
___ Droopy nose tip	___ Lack of self confidence, assurance, leadership (afraid of what today will bring)	___ Reduced muscle and strength
___ Dry skin	___ Lacking sexual potency	___ Resistant to new ideas and situations
___ Erectile dysfunction (lack volume and persistence of erections)	___ Lax scrotum (skin surrounding testicles dropping)	___Sagging of body silhouette: sagging cheeks, sagging belly or sagging buttocks

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___ Excessive emotional reactions, sharp verbal retorts	___ Less self control	___ Smaller shoulders, dropping triceps, wrinkled hands, small hips, sagging inner sides of thigh
___ Excessive need for sleep	___ Less vitality or energy	___Sore feet after long walks
___ Excessive thirst and drinking	___ Light sleep	___ Shrinking penis
___ Exhausted, especially after midnight	___ Loose skin folds under the chin	___ Stretch marks on thighs
___ Exhausted with poor or no recovery	___ Loss of skin tone	___ Sunburned skin occurs easily
___ Eye brow thinning	___ Low or lower capacity for sexual intercourse	___ Tendency to be depressed
___ Face appears pale (in Caucasians)	___ Low or lower frequency and intensity of erotic fantasies	___ Thinning of eyebrows
___ Flat feet, collapsed arches	___ Lower or lower sexual arousal, decreased sex drive	___ Thinning of lips
___ Flat or non curling hair. Lack of hair volume.	___ Low or lower skin sensitivity to sexual caress	___ Thinning nose with the tip pointing downward
___ Fatty buttocks	___ Low self esteem	___ Thinning of skin with hair loss
___ Fatty thighs	___ Muscle loosening	___ Tiny fine skin folds (more apparent with finger pressure)
___ Fatty cushions above the knees	___ More body fat with skin thinning and muscle weakness, flabby belly	___ Thick thighs with cellulite
___ Flat appearing hair	___ More pronounced wrinkling	___ Tendency toward social isolation
___ Feeling rapidly aging, feeling of profound physical degradation	___ Muscle loosening	

___ Gradual decreased ability to tan in the sun that was previously normal	___ Nails with longitudinal lines	

Aldosterone Deficiency		
___ A drowsy, absent-minded look	___ Eyes deep in orbit	___ Soft eye balls (eyes feel soft to pressure)
___ 'Crows feet' (wrinkles around outside of eyes)	___ Feel better (in your head) when laying flat on a bed, or moving	___ Sunken eyes deep in orbits
___ Difficulty focusing on tasks	___ Hollow or pale face	___ Tendency to move around all the time when standing up
___ Deep wrinkles on face	___ Low blood pressure	___ Thirsty often, and tendency to drinking a lot of fluids
___ Deep grooves in hand creases	___ Salt and salty food craving	___ Tongue with teeth marks visible at tongue borders
___ Drowsiness, zombie-like feeling	___ Sharp eyelid fold above the eye	___ Troubled vision with difficulty focusing on objects and tasks when standing up
___ Easily distracted, absent-minded	___ Skin tenting- prolonged stiff skin fold after pinching the skin on the back of hand	

Calcitonin Deficiency		
___ Greater pain sensitivity	___ History of trauma to thyroid gland with sudden onset of symptoms (from one day to the next)	___ Tired
___ Greater predisposition to pain	___ Osteoporosis (brittle bones)	___ Nausea or vomiting

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___ bowed back, hunched appearance	___ Stress that triggers migraine headaches	___ Lack of appetite
___ Crushed spine	___ Pain in the neck, or back	___ Feeling unwell
___ Bulging disc(s) in spine	___ Nervous tension	___ Dizziness
___ Scar from surgery for removal of thyroid (check only for Yes).	___ Low energy, fatigue	

Cortisol Deficiency		
___ Acute allergies: runny nose, asthma, food allergies	___ Heavy sweating in armpits	___ Prone to infections: viral (flu, mono) bacterial (affecting ears, nose and throat)
___ Brownish skin in armpit fold	___ History of Gastroenteritis, bloating or abdominal pain	___ Recurrent tendon pains, especially sensitive to pressure
___ Brown skin in elbow fold	___ Hollow cheeks	___ Salty food cravings
___ Brown skin folds in palms	___ Inflammatory disease such as Lupus or Rheumatoid Arthritis	___ Sharp verbal retorts, use of strong, dramatized words
___ Confusion, absentmindedness, especially in stressful situations	___ Intense hunger attacks	___ Skin rashes
___ Dark circles under eyes	___ Irritability	___ Sugar cravings
___ Day-dreaming, empty headedness	___ Localized muscle pains	___ Suntan easily
___ Depigmented skin areas (vitilago)	___ Low energy, fatigue, "burned out"	___ Underweight, with difficulty gaining weight
___ Excessive compassion for the pain of others	___ Memory loss in stressful situations	___ Tired look

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___ Excessive emotions: outbursts of anger or anxiety	___ Painful sinus points	___ Very negative attitudes
___ Excessive sensitivity to human suffering	___ Paranoid-like reactions: accusatory behavior, quarrelsome	___ Wet palms
___ Feeling like being a 'victim'	___ Poor resistance to stress, or great difficulty to function well in stressful situations or even to react to stressful situations	___ Yellow-brownish skin of face
___ Frequent screaming or yelling	___ Recent hair loss in patches	

Cortisol Excess		
___ Binge eating	___ Frequent infections	___ Shakiness between meals
___ Confusion	___ Irritability	___ Thin skin
___ Cravings for sugar	___ Low energy	___ Weight gain
___ Easy bruising	___ Muscle weakness	
___ Fatigue	___ Night sweats	

Dehydroepiandrostenedione (DHEA) Deficiency		
___ Decrease in muscle strength and lean body ass	___ Low sexual desire	___ Poor muscle development
___ Decreased erections	___ Moderate anxiety	___ Poor quality of life and feeling of wellness
___ Dry eyes, or dry skin	___ Moderate fatigue	___ Poor sleep

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___ Frequent infections	___ Overwhelming stress	___ Pubic hair thinning or poorly developed
___ Joint soreness	___ Poorly developed or receding hair in armpits	___ Reduced or loss of pubic hair
___ Low resistance to noise or stress	___ Poorly developed or receding hair in armpits	

Dysbiosis (Abnormal Function Due to Changes in Gut Bacteria)		
___ Abdominal pain	___ Fatigue	___ Nausea
___ Anxiety and depression	___ Fever of unknown origin	___ Palpitations (feeling your heart beat)
___ Arthralgias (painful joints)	___ Flatulence (farting)	___ Phlebitis (inflamed veins)
___ Belching, bloating, burning (heartburn)	___ Frequent urination	___ Pruritis (itching)
___ Brain fog	___ Halitosis (bad breath)	___ Seizures
___ Cramps and spasms	___ Malaise (feeling no energy)	___ Skin rashes
___ Cognitive and memory deficit	___ Myalgias (muscle pains)	

Insulin Deficiency		
___ Apathy	___ Fatigue, general weakness	___ Low to normal glucose (if known)
___ Arms are underdeveloped or droopy arm muscles	___ Feet are thin and poorly muscle mass	___ Low to normal glycoslyated hemoglobin (HbA1C) (if known)
___ Belly too thin, flat	___ Hips and buttocks are narrow, thin hips and/or buttocks, lacking fat	___ Moments of low alertness, inattention

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___ Breasts are sagging	___ Legs are thin, poor muscle mass	___ Neck is thin and poorly muscled
___ Breasts have poor fat accumulation	___ Loss of fat mass	___ Sweets and sugars are not tolerated well
___ Chest poorly developed muscles	___ Low insulin (if known)	___ Thin, hollow face
___ Difficulty in receiving and giving love	___ Low libido	___ Underweight body and or extremely thin

Mental Symptoms of Testosterone Deficiency		
___ Anxiety or increased nervousness or panic attacks'	___ Feeling depressed or negative	___ Have you lost your 'edge' or feel that you are 'past your peak'
___ Becoming a, "couch potato"?	___ Feeling irritable or angry more often	___ Loss of motivation or initiative to start new projects or old hobbies
___ Decreased assertiveness and decreased desires	___ Feeling stressed or 'burned out'	___ Pervasive sense of fatigue, wake up tired
___ Decreased mental sharpness	___ Feeling that work, relationships, past pleasures have lost significance	___ Unable to concentrate or maintain focus
___ Do you have sleep problems (difficulty falling to sleep, waking up early and feeling tired, poor sleep, (sleeplessness)	___ Forgetful, poor memory	

Metabolic Disease or Changes related to Testosterone Deficiency		
___ Adrenal gland problems	___ Increase in cholesterol, triglycerides, or decreased HDL	___ Shortness of breath with exercise, exertion or climbing stairs

___ Development of chest pains, heart problems, or blocked arteries	___ Past heart attack, bypass surgery or stent placement	___ Thyroid problems
___ High blood pressure	___ Past stroke or TIA (mini-stroke)	
___ Higher blood sugar or the onset of adult Type II Diabetes	___ Racing heart, extra beats, atrial fibrillation	

Oxytocin Deficiency		
___ (If) Married, marriage less happy	___ Drier glands penis with sex	___ No smile or smiles less
___ Circle of friends is decreasing	___ Easy pain perception	___ Not warm-hearted
___ Dry eyes	___ Excess pain sensitivity	___ Orgasm becoming or is less easy to achieve
___ Less social involvement	___ Excessively (emotionally) detached from others	___ Pale face
___ Mainly retains old friends, but very few, if any new friends	___ Joyless appearance, unhappy face	___ Sex feels less fantastic than before
___ Poor lifeless gaze	___ Limited emotional expression	___ Sex feels mechanical and not as an intense romantic love experience
___ Teamwork possible but less easy than before	___ Low or lower ejaculation volume	___ Warm-hearted before, but now more introverted or colder
___ Decreased ability to ejaculate or loss of ejaculation	___ Lower sex drive and arousal	
___ Developed sex drive but declining	___ No emotional flush	

In addition to the above directions, please indicate, if applicable, whether or not the problem is a long term problem (How many months?).

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Physical Changes related to Testosterone Deficiency		
___ Arthritis in the shoulders, hands, hips, knees, or feet	___ Frequent neck or back pains	___ Increasing central weight- "beer belly"
Long-term Y/N	Long-term Y/N	Long-term Y/N
___ Chronic inflammatory disease, colitis, rheumatoid arthritis	___ Harder to recover from heavy exercise or workout	___ Increased tendency for strains-muscle pulls
Long-term Y/N	Long-term Y/N	Long-term Y/N
___ Decreased athletic performance, agility, Quickness	___ Have you gained fat and/or lost muscle Mass	___ Lack of competitive drive in sports
Long-term Y/N	Long-term Y/N	Long-term Y/N
___ Decrease in muscle size, fullness, tone, increased "flabbiness"	___ Headaches or recent onset of migraine type Headaches	___ Leg cramps or swollen ankles
Long-term Y/N	Long-term Y/N	Long-term Y/N
___ Decreased strength or stamina	___ Harder to recover from heavy exercise or workout	___ Lightness, dizziness, ringing in the ears
Long-term Y/N	Long-term Y/N	Long-term Y/N
___ Diminished effects from workouts-strength, tone, muscle mass	___ Have you gained fat and/or lost muscle Mass	___ Loss of body hair and decreased beard growth rate
Long-term Y/N	Long-term Y/N	Long-term Y/N
___ Do you have a decrease in beard growth	___ Headaches or recent onset of migraine type Headaches	___ Sleep problems, sleep apnea, night sweats or hot flashes
Long-term Y/N	Long-term Y/N	Long-term Y/N
___ Do you recover poorly from physical exertion and/or exercise	___ Increase in breast fat	___ Shortness of breath at low levels of exertion
Long-term Y/N	Long-term Y/N	Long-term Y/N
___ Emphysema or asthma	___ Increasing central weight- "beer belly"	___ Varicose veins, hemorrhoids, varicocele
Long-term Y/N	Long-term Y/N	Long-term Y/N

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___ Feeling sore all over, aches in muscles or joints	___ Increased tendency for strains-muscle pulls	___ Weight gain or loss
Long-term Y/N	Long-term Y/N	Long-term Y/N

Pregnenolone Deficiency		
___ Abdomen is painful if pressed	___ Heart rate is quick (more than 80 beats/min)	___ Sharp wrinkles
___ Decreased libido (sexual energy)	___ Lack of mental firmness and aggressiveness	___ Small or regressing penis
___ Deficient muscle mass and or bone mass	___ Memory worse when under stressful situation	___ Smaller or lax testicles
___ Dry skin	___ Moderate fatigue (chronic)	___ Soft eye balls (eyes feel soft to pressure)
___ Erectile dysfunction and/or decrease in ejaculate volume	___ Nervous behavior	___ Sugar cravings
___ Excessive thirst and drinking	___ Pigmented spots on face	___ Sunken eyes
___ Excessive urination	____ Poor muscle strength	___ Sweating hands and armpits during stress
___ Feeling faint when standing up	___ Poor short term memory	___ Thin, hollow face
___ Foggy, absent-minded look	___ Reduced color vision	___ Thin muscles
___ Forgetful behavior	___ Salt or sugar cravings	___ Unclear thinking

Progesterone Deficiency		
___ Abdominal obesity	___ Enlarged or hardened prostate (if known)	___ Overweight or obese

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___ Anxious, nervous behavior	___ Face is red or swollen	___ Prostate infections
___ Back with a lot of body hair (hirsuitism)	___ Irritable, aggressive behavior	___ Superficial, nervous sleep
___ Bloated belly	___ Lack of inner peace, especially in the evening	___ Swollen hands
___ Bowed back (kyphosis)	___ Male pattern baldness	___ Tenses shoulder muscles or upper back, especially in the evening
___ Difficulty urinating	___ Man Boobs (Gynecomastia)	___ Urine stream reduced and needing more time to urinate

Sexual Function related to Testosterone Deficiency		
___ Decreased ability to maintain full erection after penetration	___ Difficulty achieving an erection	___ Loss of sensation of the penis
___ Decreased early morning erections	___ Diminished libido	___ Premature ejaculation - recent _____, long term_____
___ Decreased fullness or turgidity	___ Diminished strength of orgasm	___ Response to Viagra, Levitra,, Cialis, _____
___ Decreased volume of ejaculate?	___ Length in time in years since first noticed	___ Use of other methods for achieving erections (pump, injections)

Testosterone Deficiency		
___ Abnormal cholesterol profile	___ Indecisiveness (can not make up your mind)	___ Poor body image
___ Anxiety	___ Less dreaming	___ Sagging cheeks

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___ Decreased sex drive	___ Loss of armpit, pubic, or body hair	___ Thin lips
___ Droopy eyelids	___ Loss of coordination and balance	___ Thinning and dry hair
___ Dry, thin skin with poor elasticity	___ Loss of self-esteem and sense of security	___ Weight gain and decline in muscle tone (for example, sagging upper arms and cheeks)
___ Fatigue, decreased energy, loss of stamina	___ Mild depression	
___ Hypersensitive, hyper-emotional states	___ Muscle loss despite adequate caloric and protein (for example: chicken, meat, fish, soy) intake	

Testosterone Excess		
___ Acne or oily skin	___ Cravings for salts or sugars	___ Irregular periods
___ Aggressiveness, bossiness	___ Depression	___ Loss of head hair with growth of facial hair
___ Agitation	___ Fatigue	___ Mood swings
___ Anger	___ Fluid retention	___ Weight gain (apple body shape)
___ Changes in memory	___ Infertility	

Thyroid Hormone Deficiency		
___ Agitation	___ Flat feet	___ Pale Face
___ Anxiety or panic attacks	___ Fluid retention	___ Poor appetite for food
___ Apathy	___ Heat intolerance, inability to sweat in a hot climate	___ Poor circulation

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___ Bloating and constipation	___ Hoarse, husky voice	___ Prone to ear, nose, and throat infections
___ Brittle slow growing nails	___ Inability to concentrate	___ Prone to weight gain, but difficult weight loss when dieting
___ Carpel tunnel syndrome	___ Insomnia	___ Puffy face
___ Cold hands and/or feet	___ Lethargy, apathy	___ Reduced heart rate
___ Cold intolerance, easily shivers	___ Loss of lateral 1/3 of eyebrows	___ Sleepy during the day especially when resting
___ Constipation	___ Low body temperature	___ Slow movements
___ Depression	___ Low blood pressure	___ Slow speech or slow thinking or reaction
___ Decreased memory	___ Menstrual irregularities	___ Sparse, coarse, dry hair
___ Decreased sexual interest	___ Morning fatigue, fatigue when taking a rest	___ Swollen face particularly under eyelids
___ Difficulty getting out of bed in the morning	___ Morning stiffness	___ Swollen hands, feet, legs, abdomen-swollen all over
___ Diffuse hair loss	___ Muscle and joint pain	___ Swollen lips or tongue
___ Dry skin, hair, or dry scaly elbows	___ Muscle cramps	___ Thickening of skin around the elbows
___ Easily distracted, poor concentration, poor attention	___ Muscle weakness	___ Thinning of eyebrows in the outer 1/3 region
___ Excessive intake of caffeinated beverages	___ Needs to wear supplementary warm clothes in all seasons	___ Yellowish tint of skin over the palms and soles
___ Feel best in the evening when physically or mentally active	___ Overweight, obese	

Urologic Symptoms related to Testosterone Deficiency		
___ Enlarged prostate (BPH)	___ Night time urination_____ X per night	___ Prostatitis: recurrent _____ chronic ___

___ Increased or normal range PSA (range_____ ng/dl)	___ Non-medical treatments- Saw Palmetto or combination (other) _____	___ Treatment(s): Surgery ___ Radiation ___ Cryo ___ Lupron ___ or drugs
___ Infertility problem	___ Prostate cancer (year diagnosed_____ Gleason Score_____)	___ Urinary frequency, reduced flow, dribbling, or leakage
___ Medical treatments: Proscar ___ Propecia ___ Avodart ___ Flomax ___	___ Prostate treatment for BPH (TURP ____ TUNA ___Laser ___) year_____	___ Vasectomy (Year _____) Varicocele ____ Hydrocele ___ Hernia ___

Vasopressin (Antidiuretic hormone, ADH) Deficiency		
___ Bedwetting	___ Dry tongue	___ Sharp, skin grooves on the palm and fingers
___ Crow's feet (wrinkles) around eyes	___ Easily distracted (more frequent in stressful situations)	___ Sunken eyes (deep in orbits)
___ Dehydrated appearance	___ Easy bruising	___Tongue with teeth marks visible around boarders
___ Difficulties learning and in adapting to new situations (more frequent in stressful situations)	___ Easy wrinkling	___ Urgent need to quickly run to the bathroom after drinking
___ Difficulty in memorizing or learning (more frequent in stressful situations)	___ Exaggerated thirst	___ Urinates more than 2 times at night.
___ Difficulty learning at school	___ Forgetful (more frequent in stressful situations)	___ Urinates more than 5 times during the day
___ Disturbed sleep because of the recurrent need to go to the bathroom to urinate during the night	___ Sharp skin fold above the eyes	

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Comments to more fully explain your symptoms or list others not mentioned in this form:

_____

_____

Patient Signature: _____ Date: _____