OPTIMAL AGING INSTITUTE

Male Patient Questionnaire & History

Name:			_Today's Date:		
(Last)	(First)	(Middle)			
Date of Birth:	Age:Weight:	Occupation:			
Home Address:					
City:		State:	Zip:		
Home Phone:	Cell Phone: _	w	/ork:		
E-Mail Address:		May we contact y	you via E-Mail? () YES () NO		
In Case of Emergency Contact:		Relationship:			
Home Phone:	Cell Phone: _	w	/ork:		
Primary Care Physician's Name:		Phon	Phone:		
			Challe 71:		
Address:	Addross	City			
	Address	City	State Zip		
	Address	City ed()Widow()Living wi	·		
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Medical History

Any known drug allergies:Have you ever had any issues with anesthesia? () Yes () No If yes please explain:							
Past Hormone Replacement Therapy:							
Surgeries, list all and when:							
() Testicular or prostate cancer. () Elevated PSA. () Prostate enlargement. () Trouble passing urine or take Flomax or Avodart. () Chronic liver disease (hepatitis, fatty liver, cirrhosis) () Diabetes. () Thyroid disease. () Arthritis. with any testosterone treatment, including testosterone pellets, and if I stop replacement, I may experience a temporary decrease all did be completely out of your system in 12 months. The stated herein and future risks that might be reported. I understanded to create the necessary hormonal balance.							
Today's Date							

New Male Patient Package Page Number: 2

Revision Date 6-26-15

BHRT Checklist For Men

Name:		Date:		
E-Mail:				
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Symptom (please check mark)	Never	Mild	Moderate	Severe
- · · · · · · · · · · · · · · · · · · ·				
Decline in general well being				
Fatigue				
Joint pain/muscle ache				
Excessive sweating				
Sleep problems				
Increased need for sleep				
Irritability				
Nervousness				
Anxiety				
Depressed mood				
Exhaustion/lacking vitality				
Declining Mental Ability/Focus/Concentration				
Feeling you have passed your peak				
Feeling burned out/hit rock bottom				
Decreased muscle strength				
Weight Gain/Belly Fat/Inability to Lose Weight				
Breast Development				
Shrinking Testicles				
Rapid Hair Loss				
Decrease in beard growth				
New Migraine Headaches				
Decreased desire/libido				
Decreased morning erections				
Decreased ability to perform sexually				
Infrequent or Absent Ejaculations				
No Results from E.D. Medications				
Family History				
			NO	YES
Heart Disease				
Diabetes				
Osteoporosis				
•				
Alzheimer's Disease				