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