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Male Hormone Replacement Targeted History

Do you have any of the following issues?

Elevated PSA ☐Yes ☐No

If yes, please indicate the date and results: _____

Secondary Polycythemia ☐Yes ☐No

If yes, please indicate the CBC date and results: _____

Past Heart Attack ☐Yes ☐No

If yes, please explain: _____

Liver Disease ☐Yes ☐No

Renal Disease ☐Yes ☐No

Sleep Apnea ☐Yes ☐No

If yes, please explain: _____

Congestive Heart Failure ☐Yes ☐No

If yes, please explain: _____

Have you had a DVT (blood clots in leg)
or a stroke? ☐Yes ☐No

If yes, please provide some details: _____

Do you have psychiatric conditions or take
medications to control your moods? ☐Yes ☐No

If yes, please indicate which psychiatric conditions and/or medications:

_____

Do you have any allergies to anesthetics,
iodine, hormones, or Latex? ☐Yes ☐No

If yes, please list: _____

Do you use recreational drugs, medications for
sleep, or routine use of pain meds? ☐Yes ☐No

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Do you have any autoimmune disorders like lupus, vasculitis, diabetes, multiple sclerosis, or rheumatoid arthritis? ☐Yes ☐No

If yes, please indicate which one: _____

Are you taking aspirin, NSAIDs, blood thinners, or being treated for coagulation? ☐Yes ☐No

ADAM Rating Scale

Do you have a decrease in libido (sex drive)? *	☐Yes	☐No
Do you have a lack of energy?	☐Yes	☐No
Do you have a decrease in strength and/or endurance?	☐Yes	☐No
Have you lost height?	☐Yes	☐No
Have you noticed a decreased 'enjoyment of life'?	☐Yes	☐No
Are you sad or grumpy?	☐Yes	☐No
Are your erections less strong? *	☐Yes	☐No
Have you noted a recent deterioration in your ability to play sports?	☐Yes	☐No
Are you falling asleep after dinner?	☐Yes	☐No
Has there been a recent deterioration in your work performance?	☐Yes	☐No

*NOTE: A positive questionnaire result is defined as a "yes" answer to questions 1 or 7 or any 3 other questions

Total: _____