MEN'S HORMONE EVALUATION

Use to determine signs & symptoms of hormone imbalance

TODAY'S DATE: _____/_____/_____

BIRTHDATE: _____/_____/_____ AGE:_____

_____
NAME

WAIST SIZE: _____ HEIGHT:_____ WEIGHT:_____

_____
ADDRESS

Do you use tobacco? Yes No
How often, How much?: _____

_____ _____
CITY STATE

Do you use alcohol? Yes No
How often, How much?: _____

_____ _____
ZIP CODE PHONE NUMBER

_____
EMAIL

Do you use caffeine? Yes No
How often, How much?:_____

DOCTOR'S NAME	PHONE #	OFFICE ADDRESS

MEDICAL CONDITIONS:

- ☐ Heart Disease
- ☐ High Cholesterol
- ☐ High Blood Pressure
- ☐ Ulcers
- ☐ Thyroid Disease
- ☐ Hormone Related Items
- ☐ Lung Conditions
- ☐ Blood Clotting Problems
- ☐ Diabetes
- ☐ Arthritis/Joint Problems
- ☐ Depression
- ☐ Erectile Dysfunction
- ☐ Migraines
- ☐ Osteoporosis
- ☐ Cancer (type): _____

MEDICATION NAME	STRENGTH	DATE STARTED / HOW OFTEN PER DAY

LIST ANY HORMONES CURRENTLY OR PREVIOUSLY TAKEN:

_____

_____

_____

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SYMPTOM CHECKLIST

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Complete all 4 categories marking symptoms/factors in each category; some symptoms may exist in all 4 categories

Category 1: Basic Hormone Imbalance

Mark which of the following symptoms/factors are present and/or persistent over time.

_____ Decreased urine flow
_____ Decreased muscle mass
_____ Weight gain waist
_____ Night sweats
_____ Infertility problems
_____ Irritable
_____ Decreased mental sharpness
_____ Decreased stamina
_____ Burned out feeling
_____ Decreased libido
_____ Insomnia
_____ Oily skin
_____ Erectile dysfunction
_____ Sleep disturbances
_____ Hot flashes
_____ Decreased erections
_____ Increased urinary urge
_____ Apathy
_____ Prostate problems

Category 2: Adrenal Hormone Imbalance

Mark which of the following symptoms/factors are present and/or persistent over time.

_____ Aches and pains
_____ Stress
_____ Prostate problems
_____ Anxiety
_____ Decreased erections
_____ Autoimmune disease
_____ Sleep disturbances
_____ Depression
_____ Evening fatigue
_____ Allergies
_____ Bone loss
_____ Fibromyalgia
_____ Chronic health problems
_____ Lack of motivation
_____ Morning fatigue
_____ Weight gain waist
_____ Low blood sugar
_____ Susceptibility to infections

Category 3: Thyroid Hormone Imbalance

Mark which of the following symptoms/factors are present and/or persistent over time.

_____ Decreased erections
_____ Brittle nails
_____ Constipation
_____ Infertility
_____ Feeling cold
_____ Heart palpitations
_____ Sleep disturbances
_____ Low libido
_____ Elevated cholesterol
_____ Fatigue
_____ Headaches
_____ Inability to lose weight
_____ Foggy thinking
_____ Depression
_____ Dry skin
_____ Lack of motivation

Category 4: Cardiometabolic Risk

Mark which of the following symptoms/factors are present and/or persistent over time.

_____ History of smoking
_____ Low physical activity
_____ Fatigue
_____ Family history of heart disease
_____ High blood sugar
_____ Weight gain
_____ Elevated triglycerides
_____ Diabetes or family history of diabetes
_____ High blood pressure
_____ Sugar cravings
_____ Heart disease
_____ Waist size greater than 40 inches

Should you have additional questions, our knowledgeable staff is a phone call away!
Please feel free to call us! 479-923-4336

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