

## BHRT Checklist for Men

Name:	Date:

E-Mail:			
L IVIAII.	 	 	

Symptom (please check mark)	Never	Mild	Moderate	Severe
Decline in general well being			1	tain and
Fatigue			8.7 5 1	
Joint pain/muscle ache			Trees to be	
Excessive sweating			-	
Sleep problems				1234
Increased need for sleep				EU S
Irritability				
Nervousness				-tit-
Anxiety				FERENCES
Depressed mood			HI CONTRACTOR	107
Exhaustion/lacking vitality			the second	Trans.
Declining Mental Ability/Focus/Concentration		-	10.000	The second second
Feeling you have passed your peak Feeling burned out/hit rock				RIVES!
bottom				-Bassill
Decreased muscle strength				123
Weight Gain/Belly Fat/Inability to Lose Weight				5
Breast Development				18:24 12
Shrinking Testicles				- HARLING
Rapid Hair Loss			-	- TONE
Decrease in beard growth			1	
New Migraine Headaches				-0100019
Decreased desire/libido				and the
Decreased morning erections			Net Total	No of
Decreased ability to perform sexually			-	THE MY
Infrequent or Absent Ejaculations			1.14. 1.17. 3	The lat
No Results from E.D. Medications				JERREN

## Family History

Heart Disease Diabetes Osteoporosis Alzheimer's Disease YES

NO