



BHRT Checklist for Men

Name: _____

Date: _____

E-Mail: _____

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

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Family History

	NO	YES
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's Disease	<input type="checkbox"/>	<input type="checkbox"/>