



### Male Patient Questionnaire & Medical History

**Social:**

- I am sexually active.
- I want to be sexually active.
- I have completed my family.
- I have used steroids in the past for athletic purposes.
- I have no plans to attempt conception within 2 years.

**Habits:**

- I smoke cigarettes or cigars \_\_\_\_\_ a day.
- I drink alcoholic beverages \_\_\_\_\_ per week.
- I drink more than 10 alcoholic beverages a week.
- I use caffeine \_\_\_\_\_ a day.

#### Medical History

Any known drug allergies: \_\_\_\_\_

Have you ever had any issues with anesthesia? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

Prescriptions Medications Currently Taking: \_\_\_\_\_

Current Hormone Replacement Therapy: \_\_\_\_\_

Past Hormone Replacement Therapy: \_\_\_\_\_

Nutritional/Vitamins Supplements: \_\_\_\_\_

Past Surgical History and Dates: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

**Medical Illnesses:**

- |   |  |
|---|--|
| <input type="checkbox"/> High blood pressure                  | <input type="checkbox"/> Testicular or prostate cancer                             |
| <input type="checkbox"/> High cholesterol                     | <input type="checkbox"/> Elevated PSA  |
| <input type="checkbox"/> Heart disease                        | <input type="checkbox"/> Prostate enlargement                                      |
| <input type="checkbox"/> Stroke and/or heart attack           | <input type="checkbox"/> Trouble passing urine or taking Flomax or Avodart         |
| <input type="checkbox"/> Blood clot and/or a pulmonary emboli | <input type="checkbox"/> Chronic liver disease (hepatitis, fatty liver, cirrhosis) |
| <input type="checkbox"/> Hemochromatosis                      | <input type="checkbox"/> Diabetes  |
| <input type="checkbox"/> Depression/anxiety                   | <input type="checkbox"/> Thyroid disease   |
| <input type="checkbox"/> Psychiatric disorder                 | <input type="checkbox"/> Arthritis   |
| <input type="checkbox"/> Cancer (type): _____                 |  |
| Year: _____   |  |

I understand that if I begin testosterone replacement with any testosterone treatment, including testosterone pellets, that I will produce less testosterone from my testicles and if I stop replacement, I may experience a temporary decrease in my testosterone production. Testosterone Pellets should be completely out of your system in 12 months.

By beginning treatment, I accept all the risks of therapy stated herein and future risks that might be reported. I understand that higher than normal physiologic levels may be reached to create the necessary hormonal balance.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date