



Initial Testosterone History Questionnaire

Check any of the below symptoms that you are currently experiencing:

- Has your energy level or stamina declined?
- Has your interest in sex (libido) declined?
- Do you have spontaneous erections without medications or aids?
- Has there been a decline in memory or concentration ability?
- Have you had any sleep disturbances or problems breathing while sleeping?
- Have you had any muscle weakness, fatigue, or loss of muscle mass?
- Do you have mood swings or depression?
- Have you lost self-confidence, motivation or initiative?
- Have you noticed any increased aggressiveness?
- Do you have any breast tenderness or enlargement?
- Have you lost any hair in your genital or underarm area?
- Have you noticed any significant change in the size of your testicles?
- Do you have periodic hot flashes or sweats?
- Have you and your partner ever had problems achieving pregnancy?

Past Medical History:

1. Have you ever had an abnormal PSA test? Yes No
2. Do you or have you ever had any of the following:
 - Thyroid Disease? Yes No
 - Diabetes? Yes No
 - High Blood Pressure? Yes No
 - Asthma? Yes No
 - Lung Disease? Yes No
 - Acne? Yes No
 - Dry Skin? Yes No
 - Oily Skin? Yes No
 - STDs? Yes No

Family History:

1. Do you have any blood related family with prostate cancer? Yes No
2. Do you have any blood related family with diabetes? Yes No
3. Do you have any blood related family with cardiovascular disease? Yes No

Patient Name: _____ **DOB:** _____

Patient Signature: _____ **Date:** _____