



MALE SYMPTOM Checklist - BEFORE HRT

Place an "X" for EACH symptom you are currently experiencing. Please mark only ONE box. For symptoms that do not apply, please mark NONE.

Table with 5 columns: SCORE (None 1, Mild 2, Moderate 3, Severe 4, Extremely Severe 5) and 17 rows of symptoms including 'Decline in your feeling of general well-being', 'Joint pain and muscular ache', 'Excessive sweating', etc.

Please share any additional comments about your symptoms you would like to address.

Cold hands and feet? ☐ Yes ☐ No Daily bowel movements? ☐ Yes ☐ No Gas, bloating or pain after eating? ☐ Yes ☐ No

Please select your WEEKLY Activity Level based on this criteria -> Physical activity that accelerates heart rate / Breathlessness

☐ 0-1 day per week (Low) ☐ 2-3 days per week (Average) ☐ More than 3 days per week (High)

Please list any prior hormone therapy?

Recent PSA: Recent Digital Rectal Exam (Date): Normal / Abnormal

History of Prostate problems or Biopsy. If so, please provide details.

PATIENT NAME: DOB: APPT DATE: