



# DMA Weight & Wellness

Dickson Medical Associates

## Male HRT QUESTIONNAIRE

History of cancer? Yes / No

If so Type and when: \_\_\_\_\_

History of Heart Disease, Diabetes, liver disease or kidney disease? Yes / No

Do you want children? Yes / No

### Do you have any of the following symptoms? Circle all that apply

Fatigue

Depression

Irritability

Low Libido

Erectile Dysfunction

Decreased sexual desire

Joint pain

Decreased muscle mass

Cold/Heat Intolerance

Constipation

Memory Loss

Insomnia

Anxiety

Exercise Intolerance

Difficulty losing weight

Weight Gain

Loss of drive and competitive edge

Decreased morning erections    Decreased firmness of erections

What are your goals with hormone therapy?