

Medical History Form - Male

Date completed _____

Name _____ Date of Birth _____

Date of last: Physical Exam _____ Any Abnormal Results _____

Bone Density Test _____ Blood Lipids _____ Colonoscopy _____

What are your immediate concerns today? _____

HEALTH HISTORY: Place a ✓ if you have or have had any of the following. Place an × if anyone in your immediate family (parents, brothers, sisters) has had.

You	Family	Condition	You	Family	Condition	You	Family	Condition
		heart			diabetes			headaches
		anemia			bowel problems			uterine problems
		stroke			anemia			breast problems
		vascular problems			gallbladder			abnormal pap smear
		high cholesterol			eye problems			ovarian problems
		high blood pressure			cancer			pelvic infections
		other blood problems			depression			allergies
		thyroid problems			dizziness/numbness			herpes
		dermatology/skin			joint/bone			neurological problems
		seizures			liver disease			osteoporosis
		surgery			eating disorder			fractures
		lung problems			arthritis			kidney/UTI
		other			autoimmune disease			

Please explain above answers: _____

Hospitalizations: _____

LIST CURRENT: _____ **Name:** _____ **Date of Birth** _____

MEDICATIONS	SUPPLEMENTS	HERBS

LIFESTYLE

Do you smoke? _____ If so, how many cigarettes/cigars a week _____

Do you consume alcoholic beverages? _____ If so, how many a week _____

Any recreational drug use? _____ If so, how frequently? _____

Describe your exercise in a typical week _____

Spiritual Practices _____

Counseling, chiropractic, acupuncture, or other healthcare providers _____

Please describe 2 days typical food intake. Include water, alcohol and other beverages:

Day 1

Breakfast Lunch Snacks Dinner

Day 2

Breakfast Lunch Snacks Dinner

Name: _____

Date of Birth _____

USING SYMPTOMS TO DETERMINE WHICH HORMONES TO TEST IN SALIVA

For Males

Male Hormone Imbalance

Check which of these symptoms are troublesome and persist over time. Two or more symptoms are an indication of the need to test both **Estradiol (E2)** and **Progesterone (Pg)**. These can be selected at the bottom of the Requisition Form.

<input type="checkbox"/> Hot flashes	<input type="checkbox"/> Apathy	<input type="checkbox"/> Nervous	<input type="checkbox"/> Decreased libido
<input type="checkbox"/> Night sweats	<input type="checkbox"/> Prostate problems	<input type="checkbox"/> Sleep disturbances	<input type="checkbox"/> Irritable
<input type="checkbox"/> Foggy thinking	<input type="checkbox"/> Decreased urine flow	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Anxious
<input type="checkbox"/> Bone loss	<input type="checkbox"/> Increased urinary urge	<input type="checkbox"/> Headaches	<input type="checkbox"/> Weight gain-hips
<input type="checkbox"/> Depressed			

Check which of these symptoms are troublesome and persist over time. For two or more symptoms, **Testosterone (T)** and **DHEAS (DS)** testing is recommended. These can be selected at the bottom of the Requisition Form.

<input type="checkbox"/> Decreased libido	<input type="checkbox"/> Prostate problems	<input type="checkbox"/> Decreased muscle mass	<input type="checkbox"/> Burned out feeling
<input type="checkbox"/> Decreased erections	<input type="checkbox"/> Decreased mental sharpness	<input type="checkbox"/> Thinning skin	<input type="checkbox"/> Acne
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Increased joint pain	<input type="checkbox"/> Decreased stamina	<input type="checkbox"/> Oily skin
<input type="checkbox"/> Aches and pains	<input type="checkbox"/> Depressed	<input type="checkbox"/> Decreased urine flow	<input type="checkbox"/> Aggression
<input type="checkbox"/> Foggy thinking	<input type="checkbox"/> Sleep disturbances	<input type="checkbox"/> Increased urinary urge	<input type="checkbox"/> Irritable
<input type="checkbox"/> Decreased flexibility	<input type="checkbox"/> Bone loss		<input type="checkbox"/> Anxious
<input type="checkbox"/> Heart palpitations			<input type="checkbox"/> Nervous

Those with symptoms in both categories above may want to test **Hormone Profile I (E2, Pg, T, DS, C)**. This can be selected at the bottom of the Requisition Form.

Adrenal Imbalance

Check which of these symptoms are troublesome and persist over time. Two or more symptoms are an indication that testing **Cortisol (C)** for adrenal imbalance is recommended. This can be selected at the bottom of the Requisition Form.

<input type="checkbox"/> Fatigue	<input type="checkbox"/> Anxious	<input type="checkbox"/> Hair loss	<input type="checkbox"/> Chemist sensitivity
<input type="checkbox"/> Weight gain-waist	<input type="checkbox"/> Memory lapses	<input type="checkbox"/> Increased facial hair	<input type="checkbox"/> Stress
<input type="checkbox"/> Decreased muscle mass	<input type="checkbox"/> Depressed	<input type="checkbox"/> Increased body hair	<input type="checkbox"/> Cold body temperature
<input type="checkbox"/> Thinning skin	<input type="checkbox"/> Heart palpitations	<input type="checkbox"/> Acne	<input type="checkbox"/> Increased joint pain
<input type="checkbox"/> Elevated triglycerides	<input type="checkbox"/> Headaches	<input type="checkbox"/> Sugar cravings	<input type="checkbox"/> Aches/pains
<input type="checkbox"/> Sleep disturbances	<input type="checkbox"/> Decreased libido	<input type="checkbox"/> Allergies	<input type="checkbox"/> Irritable

For two or more moderate symptoms (above) **AM/PM Cortisol (Cx2)** is recommended. For those with moderate to severe symptoms, the complete **Adrenal Function Test (Cx4+DS)** - over the course of one day (morning, noon, evening, bedtime) is recommended. These profiles can be selected at the bottom of the Requisition Form.

For symptoms in all categories **Hormone Profile III (E2, Pg, T, DS, Cx4)** is recommended for the best overall hormone assessment. This can be selected at the bottom of the Requisition Form.