



Rajsree Nambudripad, MD

**Male Hormone Symptom Questionnaire**

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Please describe your main problem or concerns:

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Have you ever taken hormone replacement in the past (synthetic or bio-identical)? Please describe if this helped you or if you had any adverse reactions.

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What medications, supplements, and vitamins are you taking currently?

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Do you have a personal or family history of prostate enlargement, prostate cancer, sleep apnea, heart disease, stroke, or blood clots? If yes, please provide details.

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When was your last prostate exam? \_\_\_\_\_

When was your last prostate blood test (PSA)? \_\_\_\_\_

Any prior abnormal prostate exams or PSA? \_\_\_\_\_



*Please check the status of any symptoms you are experiencing:*

| <b>Symptom</b>                       | <b>None</b> | <b>Mild</b> | <b>Moderate</b> | <b>Severe</b> |
|--------------------------------------|-------------|-------------|-----------------|---------------|
|                                      |             |             |                 |               |
| Decreased libido (sex drive, desire) |             |             |                 |               |
| Problems with erections              |             |             |                 |               |
|                                      |             |             |                 |               |
| Decrease in muscle mass              |             |             |                 |               |
| Decrease in muscle strength          |             |             |                 |               |
| Increase in waist size               |             |             |                 |               |
| Weight gain                          |             |             |                 |               |
| Fatigue                              |             |             |                 |               |
|                                      |             |             |                 |               |
| Difficulty urinating                 |             |             |                 |               |
| Frequent urination                   |             |             |                 |               |
| Awakening at night to urinate        |             |             |                 |               |
|                                      |             |             |                 |               |
| Mood swings/ Irritability            |             |             |                 |               |
| Depression                           |             |             |                 |               |
| Anxiety                              |             |             |                 |               |
| Dry skin/ hair                       |             |             |                 |               |
| Male pattern balding                 |             |             |                 |               |
| Headaches                            |             |             |                 |               |
|                                      |             |             |                 |               |
| Problems with memory                 |             |             |                 |               |
| Difficulty concentrating             |             |             |                 |               |