



Rajsree Nambudripad, MD

**Male Hormone Symptom Questionnaire**

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

Please describe your main problem or concerns:

---

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.

---

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

---

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.

---

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				