

Male BHRT Checklist

Name: _____ Date: _____ DOB: _____

Symptom (please check mark)	Never	Mild	Moderate	Severe
Fatigue				
Mood Changes				
Decreased Mental Ability				
Excessive Sweating				
Weight Gain/Focus/Concentration				
Decreased Sex Drive				
Sleep Problems				
Decreased Muscle Strength				
Hair Loss/ Breakage				
Joint Pain / Muscle Aches				
Decline in general well being				
Anxiety				
Shrinking Testicles				
Decreased morning erections				
Decreased ability to perform sexually				
Infrequent or Absent Ejaculations				
No Result from E.D. Medications				
Hot flashes				
Night sweats				
Breast Development				
Rapid Hair Loss				
Cold all the time				
Swelling all over the body				
Joint Pain				
Exhaustion				

Other Medical Symptom History:

___ Activity level: ___ Low ___ Moderate ___ Average ___ High

___ Currently on Testosterone Therapy ___ Prostate Cancer or History of Prostate Cancer

___ Hashimoto's Thyroiditis