

BIOTE MALE HEALTH HISTORY & SYMPTOMS

PATIENT INFORMATION

Name: _____ Date: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Drug allergies: _____ If yes, please explain: _____

Have you ever had any issues with local anesthesia? Yes No Do you have a latex allergy? Yes No

Past hormone replacement therapy: _____

PATIENT QUESTIONS

Are you currently trying to conceive? Yes No

Do you desire to conceive in the future? Yes No

Are you taking a 5-alpha reductase inhibitor (finasteride, dutasteride, etc.)? Yes No

Are you taking a PDE-5 Inhibitor (Cialis, Viagra, etc.)? Yes No

Are you taking any other testosterone boosting medication (Clomid, HCG, etc.)? Yes No

Are you currently utilizing BHRT or HRT? Yes No

Select types of hormones: Testosterone Thyroid

Are you currently taking statin medications? Yes No

Birth Control Method:

Not applicable

None - planning pregnancy in the next year

Depend on partner's contraception

Vasectomy

Condoms

Other: _____

Habits:

I smoke _____ cigarettes or cigars per day.

I use caffeine _____ times a day.

I use e-cigarettes _____ times a day.

I drink _____ alcoholic beverages per week.

I drink more than 10 alcoholic beverages a week.

MEDICAL HISTORY

Select all that apply:

Cardiovascular Conditions:

Heart Attack or Stroke (within last 6 months)

DVT or Blood Clot (within last 6 months)

Hypertension

Hyperlipidemia

Obstructive Sleep Apnea

Taking Anticoagulant Medication

Atrial Fibrillation

Cancer:

Breast Cancer

Active Prostate Cancer or History of Prostate Cancer

Thyroid Cancer or History of Thyroid Cancer

Meningioma

Polycythemia Vera (PV)

Any Other Cancer Excluding Basal Cell Carcinoma

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MEDICAL HISTORY

Autoimmune Conditions:

- Diabetes Type 1
- Hashimoto's Thyroiditis
- Graves' Disease
- Rheumatoid Arthritis
- Multiple Sclerosis
- Systemic Lupus (Erythematosus)
- Psoriasis
- Positive ANA
- IBS (Irritable Bowel Syndrome)
- Crohn's Disease
- Ulcerative Colitis

Family History:

- Heart Disease
- Diabetes
- Osteoporosis
- Alzheimer's Disease/Dementia
- Breast Cancer
- Other _____

Organ Specific Conditions:

- Liver Disease or History of Liver Disease
- Kidney Disease or History of Kidney Disease
- LAM (Lymphangiomyomatosis)
- Osteoporosis or Osteopenia
- Prostate Enlargement (BPH)
- HIV
- Hepatitis
- Hemochromatosis
- Elevated PSA
- Trouble passing urine
- History of Anemia

Endocrine and Metabolic:

- Diabetes Type 2 or Insulin Resistance
- Hyperthyroid
- Hypothyroid

SYMPTOMS AND CONCERNS

Select all that apply:

- Acne
- Erectile Dysfunction (ED)
- Decreased Libido
- Decreased Desire
- Inability To or Delayed Orgasm
- Weight Gain
- Decreased Muscle Mass
- Difficulty Sleeping
- Urinary Incontinence
- Dry or Flaking Skin
- Lack of Energy (Fatigue)
- Depression/Anxiety
- Decrease in Strength or Endurance
- Decrease in Work Performance
- Frequent Urinary Tract Infection
- Brittle Nails
- Thinning Eyebrows
- Hair Thinning
- Cold Hands or Feet
- Mind Racing at Bedtime
- Mood Swings
- Gynecomastia
- Abdominal Obesity