SUGARLAND MEDICAL & AESTHETICS

ANDROPAUSE HEALTH HISTORY QUESTIONNAIRE

Name:	DOB:	Age:
Address:		
City:	State:	Zip:
Phone:	Cell:	Email:
Gender: ☐ Male ☐ Female	Height:	Weight:
Blood Pressure:	Temp:	Pulse:
Primary M.D:		

Andropause Symptoms & Related Conditions. *Please check the symptoms that most accurately describe how you are feeling.*

Low Testosterone	☐ No Issue	☐ Mild	☐ Moderate	☐ Severe
Depression	☐ No Issue	☐ Mild	☐ Moderate	☐ Severe
Fatigue	☐ No Issue	☐ Mild	☐ Moderate	☐ Severe
Irritability	☐ No Issue	☐ Mild	☐ Moderate	☐ Severe
Joint Achiness	☐ No Issue	☐ Mild	☐ Moderate	☐ Severe
Low Sense of Well Being	☐ No Issue	☐ Mild	☐ Moderate	☐ Severe
Muscle Loss	☐ No Issue	☐ Mild	☐ Moderate	☐ Severe
Fat Gain	☐ No Issue	☐ Mild	☐ Moderate	☐ Severe
Low Libido	☐ No Issue	☐ Mild	☐ Moderate	☐ Severe
Erections Not as Hard	☐ No Issue	☐ Mild	☐ Moderate	☐ Severe
Decreased Morning Erections	☐ No Issue	☐ Mild	☐ Moderate	☐ Severe
Difficulty Having Orgasm	☐ No Issue	☐ Mild	☐ Moderate	☐ Severe
Protuberate Abdomen	☐ No Issue	☐ Mild	☐ Moderate	☐ Severe

When did your health concerns begin?

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Past Medical History

Blood Clots	Heart Attack	Osteoporosis	Cancer
Hypertension	Prostate Problems	Diabetes	Hypothyroid
Stroke	Elevated Cholesterol	Lung Disease	Other:

Past Surgeries

Prostate Surgery	*DATE*	TURP	Prostate for Cancer
Other Surgeries:			

Andropause Labs

Previous Testosterone Lab Test:	*DATE*	*Last PSA*	*Date*

Prior Hormone Therapy

Explain:

Patient History & Physical

Please check all that apply.

General:	Fatigue	Insomnia	Sleepiness	
Skin:	Sweating	Rash	Acne	Jaundice
Neuro/Psych:	Depression	Anxiety	Seizures	Dizziness
Endocrine:	Thyroid Problem	Changes in Libido		
Pulmonary:	Cough	Wheezing	Hemoptysis	DOE
Cardiac:	Chest Pain	Noc Dyspnea	Edema	
GI:	Abd Pain	Constipation	Diarrhea	Blood in Stool
Urinary:	Freq UTIs	Frequency	Urgency	Nocturia
	Weak Stream		Can't Empty Bladder	
Musculoskeletal:	Joint Achiness	Swelling	Redness	

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Objective (Check means normal findings) *Additional Notes:*

General:	
Psych:	
Thyroid:	
Neck:	
COR:	
Lungs:	
Breast:	
Abdomen:	
Skin:	

Prostate: Normal | Mod. Enlarged | Enlarged | Boggy | Suspicious Area

Lab:

H & H:	PSA:	Free PSA:	Testosterone Total:
Testosterone Free :	Albumin:	Calculated Bio – Available T.:	

Assessment Plan:

Hypogonadism:	Plan Notes:

Follow Up:

Repeat PSA, H&H Test	In 6 Months:
Repeat PSA DRE	In 6 Months:
With Primary:	

Bio – Identical Testosterone Replacement Compounded Prescription Order:

Daily: Use all creams prescribed daily	Note: 1ml=1hm 1/2ml=1/2gm of Transdermal Gel

Testosterone

Transdermal Gel *(100gm/gm)10%*	Sig. 1/2 ml daily #45gm	Sig. 1ml daily #90gm
	Sig. 1ml q a.m. *½ ml q p.m. #135gm*	Sig. 1ml q a.m. *1ml q p.m. #180*
Refills:	MD/NP/PA Signature:	

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Family History. *Please write which family member next to the disease*

Breast Cancer:	Heart Disease:	Diabetes:
Ovarian Cancer:	Hypertension:	Thyroid Problems :
Prostate Cancer:	Hyperlipidemia:	Rheumatoid Arthritis:
Colon Cancer:	Stroke:	Osteoarthritis:

Social History/Habits

Occupation:	Tobacco:	Packs a Day?
Year Quit:	Caffeine Intake/day?	Alcohol intake per week?
Diet?	Zone:	Atkins:
Low Carb:	Number of meals per day? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ more	
Exercise days/week?	Aerobic/Weights/Stretch:	
Drugs *(Excedrin PC, Unisom, Sominex)*		

Allergies

Medication Allergies *(Please describe symptoms)*
Other Allergies *(molds, chemicals, etc.)*

Medications

Medications:
Vitamins/OTC:

Preventive Medicine

Date of last rectal exam:	☐ Normal	☐ Not Normal
Date of last bone density:	☐ Normal	☐ Not Normal
Date of last colonoscopy:	☐ Normal	☐ Not Normal
Date of last cardiac stress test:	☐ Normal	☐ Not Normal
Osteopenia:	Osteoporosis:	

Patient Signature:	Date: