|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |   |  | **Date:** |   |   |   |   |
| **E-Mail:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Symptom (please check mark)** | **Never** |  | **Mild** |  | **Moderate**  |  | **Severe** |
|  |  |  |  |  |  |  |  |
| **Depressive mood** |   |  |   |  |   |  |   |
| **Fatigue** |  |  |  |  |  |  |  |
| **Memory Loss** |   |  |   |  |   |  |   |
| **Mental confusion** |   |  |   |  |   |  |   |
| **Decreased sex drive/libido** |   |  |   |  |   |  |   |
| **Sleep problems** |   |  |   |  |   |  |   |
| **Mood changes/Irritability** |   |  |   |  |   |  |   |
| **Tension** |   |  |   |  |   |  |   |
| **Migraine/severe headaches** |   |  |   |  |   |  |   |
| **Difficult to climax sexually** |   |  |   |  |   |  |   |
| **Bloating** |   |  |   |  |   |  |   |
| **Weight gain** |   |  |   |  |   |  |   |
| **Breast tenderness** |   |  |   |  |   |  |   |
| **Vaginal dryness** |   |  |   |  |   |  |   |
| **Hot flashes** |   |  |   |  |   |  |   |
| **Night sweats** |   |  |   |  |   |  |   |
| **Dry and Wrinkled Skin** |   |  |   |  |   |  |   |
| **Hair is Falling Out** |   |  |   |  |   |  |   |
| **Cold all the time** |   |  |   |  |   |  |   |
| **Swelling all over the body** |   |  |   |  |   |  |   |
| **Joint pain** |   |  |   |  |   |  |   |
| **Family History**  |  |  |  |  |  |  |  |
|  |  |  |  |  | **NO** |  | **YES** |
| **Heart Disease** |   |  |   |  |   |  |   |
| **Diabetes** |   |  |   |  |   |  |   |
| **Osteoporosis** |   |  |   |  |   |  |   |
| **Alzheimer’s Disease** |   |  |   |  |   |  |   |
| **Breast Cancer** |  |  |  |  |  |  |  |

**Health Assessment Checklist For Women**

|  |
| --- |
| **Health Assessment Checklist For Men** |
| **Name:** |   |  | **Date:** |   |   |   |   |
| **E-Mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Symptom *(please check mark)*** | **Never** |  | **Mild** |  | **Moderate**  |  | **Severe** |
|  |  |  |  |  |  |  |  |
| **Decline in general well being** |   |  |   |  |   |  |   |
| **Fatigue** |  |  |  |  |  |  |  |
| **Joint pain/muscle ache** |   |  |   |  |   |  |   |
| **Excessive sweating** |   |  |   |  |   |  |   |
| **Sleep problems** |   |  |   |  |   |  |   |
| **Increased need for sleep** |   |  |   |  |   |  |   |
| **Irritability** |   |  |   |  |   |  |   |
| **Nervousness** |   |  |   |  |   |  |   |
| **Anxiety** |   |  |   |  |   |  |   |
| **Depressed mood** |   |  |   |  |   |  |   |
| **Exhaustion/lacking vitality** |   |  |   |  |   |  |   |
| **Declining Mental Ability/Focus/Concentration** |   |  |   |  |   |  |   |
| **Feeling you have passed your peak** |   |  |   |  |   |  |   |
| **Feeling burned out/hit rock bottom** |   |  |   |  |   |  |   |
| **Decreased muscle strength** |   |  |   |  |   |  |   |
| **Weight Gain/Belly Fat/Inability to Lose Weight** |   |  |   |  |   |  |   |
| **Breast Development** |   |  |   |  |   |  |   |
| **Shrinking Testicles** |   |  |   |  |   |  |   |
| **Rapid Hair Loss** |   |  |   |  |   |  |   |
| **Decrease in beard growth** |   |  |   |  |   |  |   |
| **New Migraine Headaches** |   |  |   |  |   |  |   |
| **Decreased desire/libido** |   |  |   |  |   |  |   |
| **Decreased morning erections** |   |  |   |  |   |  |   |
| **Decreased ability to perform sexually** |   |  |   |  |   |  |   |
| **Infrequent or Absent Ejaculations** |   |  |   |  |   |  |   |
| **No Results from E.D. Medications** |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| **Family History**  |  |  |  |  |  |  |  |
|  |  |  |  |  | **NO** |  | **YES** |
| **Heart Disease** |  |  |  |  |  |  |  |
| **Diabetes** |  |  |  |  |  |  |  |
| **Osteoporosis**  |  |  |  |  |  |  |  |
| **Alzheimer’s Disease** |  |  |  |  |  |  |  |