|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |  | | |  | | |  | |  | | |  | |  | | |  | | | | |