

Confidential Male Hormone Follow up Evaluation

Pharmacy Solutions
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Evaluation must be returned at least two days prior to your consult or you may be asked to reschedule your appointment!!

From a clinical management point of view, it is very useful to gain a detailed history of possible hormone deficiencies. The answers provided in the questions below will allow the pharmacist to maintain your medical history and will help in advising about current medical therapies. All information provided will be kept confidential.

Medical History

Name: _____ Birth date: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____
(primary) (secondary) (optional)

Your occupation: _____

Height: _____ Weight: _____

Practitioner(s) currently seeing:

Name: _____ Address: _____ Phone: _____

Current Prescription Medications (Star the Medications that have been added within the last 6 months):

Medication name	Strength	Date started	How often per day
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any major stress, life changing events, or surgeries since visiting last?: _____

Any positive changes since visiting last?: _____

Any negative changes since consult?: _____

How are you currently using your hormones?: _____

Patient Symptoms

Rate your current status for each symptom by checking the appropriate modifier. Feel free to use additional space to describe any symptoms. This section may be repeated upon subsequent visits.

Today's Date _____

*** If you mark YES, please rank mild, moderate or severe.**

SYMPTOM	Yes or No	1-Mild	2-Moderate	3-Severe
Fatigued				
Tired				
Depression				
Decrease in muscle mass				
Loss in muscle strength				
Increase in joint pain				
Increase in muscle pain				
Increase in waist size				
Trouble losing weight				
Loss in height				
Decrease in sex drive				
Difficulty establishing erection				
Difficulty maintaining erection				
Decrease in spontaneous early morning erections				
Changes in usual sleep pattern				
Decrease in mental sharpness				
Trouble concentrating				

