



Heritage Medicine

Hormone Evaluation (Male)

Patient:

Date:

1. Symptom Review:

<input type="checkbox"/> Low Sex Drive	<input type="checkbox"/> Erectile Dysfunction	<input type="checkbox"/> Decreased sexual endurance
<input type="checkbox"/> Depression	<input type="checkbox"/> Feel "foggy"	<input type="checkbox"/> Decreased concentration
<input type="checkbox"/> Weight gain	<input type="checkbox"/> Decreased muscle strength	<input type="checkbox"/> Decreased pubic hair
<input type="checkbox"/> Decreased beard growth	<input type="checkbox"/> Dyslipidemia	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Blood glucose problems	<input type="checkbox"/> Poor quality sleep	<input type="checkbox"/> Decreased testicular volume
<input type="checkbox"/> Gynecomastia	<input type="checkbox"/> Memory Problems	<input type="checkbox"/> Irritability

2. Lab Results:

Testosterone, Total	
Testosterone, Free	
Estradiol	
PSA	

3. Assessment:

4. Plan:

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