

hormone optimization PROGRAM

Patient Label _____

Date: _____

SYMPTOM ASSESSMENT CHART - MALE

Please rate the following symptoms: 0 - None/Never to 5 - Very Severe/Frequent

	Rating 0-5
Allergies/Asthma	
Anxiety/Nervousness	
Apathy	
Bone Loss	
Brittle Nails	
Burned Out Feeling	
Chemical Sensitivities	
Cold Body Temperature	
Cold Extremities	
Confusion	
Constipation	
Cravings for Sweet	
Decreased Morning Erections	
Decreased Concentration	
Decreased Muscle Mass	
Decreased Sex Drive	
Decreased Stamina	
Fatigue	
Fluid Retention Extremities	
Hair Loss	
Headaches	
Hearing Loss	
High Cholesterol/Triglycerides	

	Rating 0-5
Hoarseness	
Hypoglycemia	
Increased Blood Pressure	
Irritability	
Joint Pains	
Low Blood Pressure	
Memory Problems	
Mood Swings	
Muscle Pain	
Night Sweats	
Numbness Hands and Feet	
Salt Cravings	
Sleep Disturbances	
Swollen Eyes	
Thinning Skin	
Tired but Wired	
Urinary Retention	
Urinary Urgency	
Weight Gain: Waist	