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BHRT Checklist for Men

Name: _____ DOB: _____

Email: _____ Date: _____

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 passed your peak				
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		