



## Men's Consultation Form

### Date

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
MM		DD		YYYY

### Name

<input type="text"/>	<input type="text"/>
First	Last

### Address

  
Street Address  
Address Line 2

<input type="text"/>	<input type="text"/>
City	State

<input type="text"/>	<input type="text"/>
Zip/Postal Code	Country

### Contact Telephone Numbers

<input type="text"/>	<input type="text"/>	<input type="text"/>
Home	Cell	Other

### Email

### Height

### Weight

### BMI (Pharmacist will calculate – BMI = Weight in kg/Height in meters<sup>2</sup>)

**Date of Birth**

/  /   
MM DD YYYY

**BMI Results for Adults Over 35:**

- 19-26.9 Recommended
- 27-29.9 Overweight
- 30-39.9 Obese
- 40(+) Morbidly Obese

**Waist Circumference**

**Waist:Hip Ratio (waist/hip)**

**Medical & Social History: Please check the following that apply to you.**

- High Blood Pressure
- High Cholesterol
- Cardiovascular Disease
- Diabetes Mellitus
- Osteoporosis
- Benign Prostatic Hyperplasia
- Tobacco Use
- Asthma/COPD
- Erectile Dysfunction
- Insomnia
- Malnutrition
- Depression
- Cancer
- Other

**If you checked Cancer, please explain.**

**If you checked Other, please explain.**

**Medication History: List all prescription and non-prescription medications that you are taking. (Include vitamins, herbals and supplements.)**

**Drug Allergies**

**Do you feel more fatigued and/or tired than usual?**

- Not Applicable
- Mild
- Moderate
- Severe

**Have you noticed a decrease in your muscle mass?**

- Not Applicable
- Mild
- Moderate
- Severe

**Have you experienced a loss in muscle strength?**

- Not Applicable
- Mild
- Moderate
- Severe

**Have you experienced an increase in joint and/or muscle pains?**

- Not Applicable
- Mild
- Moderate
- Severe

**Have you noticed an increase in your waist size?**

- Not Applicable
- Mild
- Moderate
- Severe

**Do you have trouble losing weight?**

- Not Applicable
- Mild
- Moderate
- Severe

**Have you experienced a loss in height?**

- Not Applicable
- Mild
- Moderate
- Severe

**Do you have a decrease in your sex drive?**

- Not Applicable
- Mild
- Moderate
- Severe

**Have you experienced difficulty in establishing and/or maintaining full erections?**

- Not Applicable
- Mild
- Moderate
- Severe

**Do you have a decrease in spontaneous early morning erections?**

- Not Applicable
- Mild
- Moderate
- Severe

**Have you experienced changes in your usual sleep patterns?**

- Not Applicable
- Mild
- Moderate
- Severe

**Do you feel a decrease in your mental sharpness?**

- Not Applicable
- Mild
- Moderate
- Severe

**Have you had trouble concentrating?**

- Not Applicable
- Mild
- Moderate
- Severe

**Do you experience less enjoyment in personal interests and hobbies?**

- Not Applicable
- Mild
- Moderate
- Severe

**I am \_\_\_\_\_ years old**

**I feel \_\_\_\_\_ years old**