BIOTE MALE HEALTH HISTORY & SYMPTOMS



PATIENT INFORMATION		
Name:	Date:	
Date of Birth:Age:	Weight:	
PATIENT QUESTIONS		
Currently trying to conceive? Desire to conceive in the future? Is patient on a 5-alpha reductase inhibitor? Is the patient on a PDE-5 Inhibitor (Cialis, Viagra, Etc.) Is the patient on any other testosterone boosting medication (Clomid, HCG, etc.)? Is the patient currently utilizing BHRT or HRT? Select types of hormones: Testosterone Thy Is the patient currently on statins?	□ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No roid □ Yes □ Yes □ No	
Is the patient a smoker? MEDICAL HISTORY	□ Yes □ No	
Select all that apply: Fertility: Patient Wants to Maintain Fertility Cardiovascular Conditions: Heart Attack or Stroke (within last 6 months) DVT or Blood Clot (within last 6 months) Hypertension Hyperlipidemia Obstructive Sleep Apnea Patient Takes Anticoagulant Medication Atrial Fibrillation	Cancer: Breast Cancer Active Prostate Cancer or History of Prostate Cancer Thyroid Cancer or History of Thyroid Cancer Meningioma Polycythemia Vera (PV) Any Other Cancer Excluding Basal Cell Carcinoma Endocrine and Metabolic: Diabetes Type 2 or Insulin Resistance Hyperthyroid Hypothyroid	



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MEDICAL HISTORY	
Autoimmune Conditions:	Organ Specific Conditions:
☐ Diabetes Type 1	☐ Liver Disease or History of Liver Disease
☐ Hashimoto's Thyroiditis	☐ Kidney Disease or History of Kidney Disease
☐ Graves' Disease	☐ LAM (Lymphangioleimyomatosis)
☐ Rheumatoid Arthritis	☐ Osteoporosis or Osteopenia
☐ Multiple Sclerosis	☐ Prostate Enlargement (BPH)
☐ Systemic Lupus (Erthematosus)	□HIV
☐ Psoriasis	☐ Hepatitis
☐ Positive ANA	☐ Hemochromatosis
☐ IBS (Irritable Bowel Syndrome)	
☐ Crohn's Disease	
☐ Ulcerative Colitis	
SYMPTOMS AND CONCERNS	
Select all that apply:	
□Acne	☐ Decrease in Strength or Endurance
☐ Erectile Dysfunction (ED)	☐ Decrease in Work Performance
☐ Decreased Libido	☐ Frequent Urinary Tract Infection
☐ Decreased Desire	☐ Brittle Nails
☐ Inability To or Delayed Orgasm	☐ Thinning Eyebrows
☐ Weight Gain	☐ Hair Thinning
☐ Decreased Muscle Mass	□ Cold Hands or Feet
☐ Difficulty Sleeping	☐ Mind Racing at Bedtime
☐ Urinary Incontinence	☐ Mood Swings
☐ Dry or Flaking Skin	☐ Gynecomastia



☐ Abdominal Obesity

☐ Lack of Energy (Fatigue)