



INITIAL TESTOSTERONE HISTORY QUESTIONNAIRE

Patient Name _____ Date _____

Check the items you are currently experiencing:

- Has your energy level or stamina declined?
- Has your interest in sex (*libido*) declined?
- Do you have spontaneous erections? (*without medications or aids*)
- Has there been a decline in memory or concentration ability?
- Have you had any sleep disturbances or problems breathing while sleeping?
- Have you had any muscle weakness, fatigue, or loss of muscle mass?
- Do you have mood swings or depression?
- Have you lost self confidence, motivation, or initiative?
- Have you noticed any increased aggressiveness?
- Do you have any breast tenderness or enlargement?
- Have you lost any hair in genital or underarm area?
- Has your need to shave decreased?
- Have you noticed any significant change in the size of your testicles?
- Do you had periodic hot flashes or sweats?
- Have you and your partner ever had problems achieving pregnancy?
- Are you considering having any more children?



completed form to Kallal Medical Group via secure website form.