

# Aesthetics & Weightloss

## New Patient Hormones: Male

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

History of Renal Disease: Yes / No

Active Liver Disease: Yes / No

History of Colon Cancer: Yes / No

History of Testicular Cancer: Yes / No

History of Metabolic Syndrome: Yes / No

History of Hypertension: Yes / No

History of Diabetes: Yes / No

History of Metabolic Syndrome: Yes / No

History of BPH(Benign Prostate Hypertension : Yes / No

Previously Received Hormones: Yes / No

Physical Activity Level (circle bleed)

*If yes, Where:* \_\_\_\_\_

Sedentary/Work only

Date: \_\_\_\_\_

Work and exercise 3 x per week

Pellets: Yes / No

Work and exercise 5 x per week

### TO BE COMPLETED BY PHYSICIAN

**Previous Labs: Date** \_\_\_\_\_ **PSA Level:** \_\_\_\_\_ **Testosterone Level:** \_\_\_\_\_

**Previous Testosterone Dose:** \_\_\_\_\_

**Problem Factors:** \_\_\_\_\_

**Pellet Dose Given today: Date:** \_\_\_\_\_ **Pellet #:** \_\_\_\_\_ **SQ: ( Left / Right ) Testosterone:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Pellet #** \_\_\_\_\_ **( Right / Left ) Estrogen:** \_\_\_\_\_ **Testosterone:** \_\_\_\_\_

**Booster Injection: Testosterone:** \_\_\_\_\_ **( Right / Left )**

**Physician/Practitioner Signature:** \_\_\_\_\_

\*\*\*Follow-up labs to be collected at: \_\_\_\_\_ A&W Other: \_\_\_\_\_