TIER 1
HEALTH AND WELLNESS

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# MALE

## HEALTH & WELLNESS FOLLOW UP VISIT

NAME: _____ DATE: _____

Have your symptoms improved, deteriorated or remained the same since your last visit? (circle one)

If your symptoms have changed since your last visit, please explain: _____

_____

_____

Complete the following section

| Symptoms at this time | None | Mild | Mod | Severe |
|---|---|---|---|---|
| Decline in your general feeling of well being | | | | |
| Joint pain and muscular aches | | | | |
| Excessive sweating | | | | |
| Sleep problems | | | | |
| Fatigue | | | | |
| Irritability | | | | |
| Physical exhaustion/lack of vitality | | | | |
| Decrease in muscular strength | | | | |
| Depressive mood | | | | |
| Decrease in beard growth | | | | |
| Decrease in sexual desire/libido | | | | |
| Decrease in number of morning erections | | | | |
| Decrease in ability/frequency to perform sexually | | | | |
| Feeling that you have passed your peak | | | | |
| Feeling burnt out, having hit rock bottom | | | | |
| Weight gain | | | | |
| Lack of mental clarity | | | | |

_____
Please sign your name