



**TIER 1**  
**HEALTH AND WELLNESS**  
 Tier1HW.com

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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**

<i>Symptoms at this time</i>	<i>None</i>	<i>Mild</i>	<i>Mod</i>	<i>Severe</i>
Decline in your general feeling of well being				
Joint pain and muscular aches				
Excessive sweating				
Sleep problems				
Fatigue				
Irritability				
Physical exhaustion/lack of vitality				
Decreased in muscular strength				
Depressive mood				
Decreased in beard growth				
Decreased in sexual desire/libido				
Decreased in number of morning erections				
Decreased 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**