



Medical History

Name _____ Date of Birth _____ Date _____

Current Medications including hormone therapy

Allergies to Medications _____

Surgery (please use back side if needed)

Date

- | | | | |
|------------------------------|---------------------------|------------------------|-------------------------|
| ____ High Blood Pressure | ____ Thyroid problems | ____ Heart Disease | ____ Diabetes |
| ____ Ulcers/Gastritis | ____ Difficulty Urinating | ____ Prostate Problem | ____ Nervous Disorders |
| ____ Stroke | ____ Breast Problems | ____ Cancer | ____ Bleeding Disorders |
| ____ Breast Lump | ____ Jaundice | ____ Blood Clots | ____ Blood In Urine |
| ____ Urinary Tract Infection | ____ Depression | ____ Asthma/Bronchitis | |

Other _____

Family History of breast cancer. (Please list relative and approximate age at diagnosis) _____

Last PSA DATE _____ NORMAL _____ ABNORMAL _____

A hormone consultation is provided to review laboratory test. The purpose of the consultation is education. It is a single visit at which time recommendations may be made regarding hormone balance. A prescription may be given for hormones or a hormone implant may be recommended. Your health care must be continued with your Family Practice / Internal Medicine doctor. Please share your results with your physician.

A PSA and rectal exam by a physician are required for men prior to starting testosterone therapy. A urological consultation is required for symptoms of urinary frequency, hesitancy, decreasing stream, or blood in the urine. A follow up PSA at 3-6, and 12 months is required for all men started on testosterone replacement. Testosterone may stimulate an undiagnosed prostate cancer.

Signature _____ Date _____