

# SYMPTOM UPDATE (Men)



## CURRENT SYMPTOMS

Please circle those that apply and provide as much detail as possible in terms of timing, frequency, and severity.

Decreased Mental Sharpness \_\_\_\_\_

Decreased Stamina \_\_\_\_\_

Decreased Flexibility \_\_\_\_\_

Headaches \_\_\_\_\_

Swelling \_\_\_\_\_

Nervous/Irritable/Anxious \_\_\_\_\_

Decreased Erections/Sex Drive \_\_\_\_\_

Urinary Difficulties \_\_\_\_\_

Fatigue/Difficulty Sleeping \_\_\_\_\_

Increased Forgetfulness \_\_\_\_\_

Increased Joint Pain \_\_\_\_\_

Dizzy Spells \_\_\_\_\_

Prostrate Problems \_\_\_\_\_

*Other* \_\_\_\_\_

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### Current Medications

### Current Supplements

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