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Patient Checklist for Symptoms of Hormone Imbalance For MEN

The following checklists can be used to help you and your healthcare provider determine specific symptoms of hormone imbalance.

Category 1: Basic Hormone imbalance

Mark which of the following symptoms are troublesome and/or persist over time.

<input type="checkbox"/> Burned our feeling	<input type="checkbox"/> Irritable	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Decreased Urine Flow
<input type="checkbox"/> Hot flashes	<input type="checkbox"/> Erectile dysfunction	<input type="checkbox"/> Increased Urinary Urge	<input type="checkbox"/> Decreased stamina
<input type="checkbox"/> Weight gain waist	<input type="checkbox"/> Prostate problems	<input type="checkbox"/> Infertility problems	<input type="checkbox"/> Sleep disturbances
<input type="checkbox"/> Decreased libido	<input type="checkbox"/> Decreased mental sharpness	<input type="checkbox"/> Oily skin	<input type="checkbox"/> Decreased muscle mass
<input type="checkbox"/> Night Sweats		<input type="checkbox"/> Apathy	

Number Selected _____

Category 2: Adrenal Hormone imbalance

Mark which of the following symptoms are troublesome and/or persist over time.

<input type="checkbox"/> Aches and pains	<input type="checkbox"/> Elevated Triglycerides	<input type="checkbox"/> Morning fatigue	<input type="checkbox"/> Bone loss
<input type="checkbox"/> Sleep disturbances	<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Blood sugar imbalance
<input type="checkbox"/> Infertility	<input type="checkbox"/> Lack of motivation	<input type="checkbox"/> Allergic conditions	<input type="checkbox"/> Autoimmune illness
<input type="checkbox"/> Chronic illness	<input type="checkbox"/> Prostate Problems	<input type="checkbox"/> Weight gain waist	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Stress	<input type="checkbox"/> Evening fatigue	<input type="checkbox"/> Decreased erections	<input type="checkbox"/> Susceptibility to infections

Number Selected _____

Category 3: Thyroid Hormone imbalance

Mark which of the following symptoms are troublesome and/or persist over time.

<input type="checkbox"/> Low libido	<input type="checkbox"/> Depression	<input type="checkbox"/> Cold body temperature	<input type="checkbox"/> Decreased erections
<input type="checkbox"/> Foggy thinking	<input type="checkbox"/> Infertility	<input type="checkbox"/> Headaches	<input type="checkbox"/> Sleep Disturbances
<input type="checkbox"/> Constipation	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Lack of motivation	<input type="checkbox"/> Inability to lose weight
<input type="checkbox"/> Elevated cholesterol			

Number Selected _____