Patient Name: _____ DOB_____ Age_____ Date_____

Height:_____ Weight:_____ BP:_____ P:_____ Temp:_____ RR:_____ BGL:_____

HPI: 1**.** location 2. quality 3. severity 4. duration 5. timing 6. context 7. modifying factors 8. associated signs & symptom
Exam L4: ≥12.5min **or** ROS ≥2 + ≥4 HPI + ≥12 elements total + MDM **P**&**R**≥L4 + PSFH x1
Exam L3: ≥ 7.5min **or** ROS ≥1 + ≥1 HPI + ≥ 6 elements total + MDM **P**&**R**≥L3

Problem Level(L): ❑ New Symptoms (Sx) or problem -L4 | ❑ Sx worstening-L3 | ❑ Sx stable/improved-L2

Chief Complaint(s): ❑ ↓ Libido ❑ ↓ Erectile strength ❑ ↓ Nocturnal Erections ❑ ↓ Spontaneous Erections ❑ ↓ Energy ❑ ↓ Muscle bulk ❑ ↓ Work Performance ❑ ↓ Productivity ❑ ↓ Body Hair ❑ ↓ Height ❑ ↓ Bone Density ❑ ↓ Energy ❑ ↓ Motivation ❑ ↓ Initiative ❑ ↓ Self-confidence ❑ ↓ concentration ❑ ↓ memory ❑ low sperm count ❑ ↑ Body fat ❑ Hair loss ❑ Depression ❑ Sleep disturbance ❑ Hot flushes ❑ Breast discomfort or enlargement (not from fat) ❑ History of Low-trauma Fracture ❑ Very small (especially <5 ml) or shrinking testes ❑

ROS 1: Allergies Reviewed: Updates: ❑ NKA/same ❑ Yes ➲

ROS 2: ROS history reviewed: Muscle | Urologic | Psychological | Endocrine | **Updated**: ❑ Yes ❍ ❑ No change

PSFH reviewed: Family history (Hx), Updates: ❑ No ❑ Yes ❍**or if adopted** Social Hx Update: ❑ No ❑ Yes ❍

14-Physical Exam (PE) Areas and □ Elements

1. Neurologic:
□ All cranial nerves intact
□ DTR 2+/4+ and equal bilaterally
□ No sensory deficits by touch, pin, vibration, proprioception
2. Constitutional:
□ Well developed, well nourished, NAD
□ Vitals
3. Ears, Nose, Mouth and Throat:
□ External ears and nose appear WNL; no scars, lesions, masses
□ Hearing grossly intact
□ Thyroid non-enlarged, non-tender, no masses, no Nodules
□ Nasal mucosa moist & pink; septum midline; turbinates intact

4. Psychiatric:
□ Alert and oriented to time, place, and person
□ Mood and affect appropriate
□ Judgment & insight WNL (Productive?)
□ Recent and remote memory intact
5. Neck:
□ Symmetric and supple; trachea is midline; no masses, lymphadenopathy, crepitus
6. Respiratory:
□ Respiration is diaphragmatic & even; accessory muscles not used
□ Lungs clear to auscultation; vesicular breather sounds; no adventitious sounds or rubs

7. Eyes:
□ Conjunctiva clear, no lid lag &deformity
□ PERRLA, extra-ocular movements intact
8. Musculoskeletal:
□ Digits and nails show no clubbing, cyanosis, petechiae, ischemia, infections, or nodes on the hand; or other areas examined:_____
□ Gait is symmetrical & balanced
□ No misalignment, asymmetry, crepitation, defects, tenderness, masses, effusions
□ ROM WNL, no pain, crepitation or contracture
□ Stability intact, no dislocation, subluxation, or laxity
□ Muscle strength 5/5; normal tone, no flaccidity, cog-wheel or spasticity; no atrophy or abnormal movements

❑ First Testosterone (T) test _____ Level on _____(day). ❑ Second T-test _____ Level on _____(day)

Diagnosis: ❑ ♂Hypogonadism 257.2 ❑ 799.81 Decreased libido ❑ 607.84 Erectile Dysfunction

❑ Fatigue/malaise 780.79 ❑ Sleep disturbance 780.50 ❑ Muscle weak 728.87 ❑ ↑ Body fat 278.02

❑

Plan: After First-T Test

❑ If Testosterone (T) ≥ 451- Consider Viagra® Mgt

❑ If initial T Between 400-450 ng/dl - Repeat total a.m. total testosterone

❑ If initial T Between 350-399 ng/dl - Repeat a.m. testing for Free or Bioavailable Testosterone

❑ If initial T Between 300-349 ng/dl in older men and in men with obesity, diabetes mellitus, chronic illness, thyroid disease, or glucocorticoids or anticonvulsants use: Repeat a.m. testing for Free or Bioavailable-T

❑ If initial T is ≤299 ng/dl - Order Hematocrit (HCT), PSA, & Serum LH and FSH

Plan: Interpretation of Second T Test

❑ If Second or Final T-test is ≤399, - Order Hematocrit (HCT), PSA, & Serum LH and FSH

❑ If Second or Final-T Testosterone ≥ 400 - Consider Viagra® or Cialis® Mgt

Lab Results on _____(day): HCT_____ PSA_____ LH_____ FSH_____

❑ Interpretation of Hematocrit, PSA, & Serum LH and FSH

- ❑ If ≥40-yr-old & PSA >0.6 ng/ml – Do a DRE + FOBT. Record these exam results in the next section below:
- ❑ PSA > 4 ng/ml – Do Not Treat! Refer to urology.
- ❑ PSA > 3 ng/ml in men at high risk of prostate cancer: 1) Any male ≥ 50 years of age, or 2) African-American ≥ 45 years, or 3) 1st° relative had/has prostate cancer) – Do Not Treat! Refer to urology.
- ❑ Hematocrit level > 50% – Do Not Treat! Refer for Hematologic Evaluation.
- ❑ Low-T + Normal or low LH and FSH levels – Refer to an endocrinologist (evaluation may include measurements of serum prolactin and iron saturation, pituitary function testing, and magnetic resonance imaging of the sella turcica).
- ❑ Elevated L H and FSH levels in men with low testosterone levels have primary hypogonadism - failure at the testicular level. 1. Obtain a karyotype to exclude Klinefelter syndrome, especially in those with testicular volume less than 6 ml. or 2) Treat with Testosterone!

Plan, if not done on initial visit: **DR**E + FOBT(82270) w/Anoscopy(46600) – For 4 reasons:
1) ❑ African-American ≥ 45 years 2) ❑ Any male ≥ 50 years 3) ❑ 1st° relative had/has prostate cancer
4) If ≥40-yr-old and if PSA >0.6 ng/ml, then DRE is important!

❑ DRE (Digital Rectal Exam) Results: ❑ Normal ❑ Palpable prostate nodule or induration (Do Not Treat!)

❑ FBOT Anoscopy for collection of diagnostic Specimen: ❑ FOBT (−) ❑ FOBT (+) (Continue to Treat!)

❑ Refer to Proctology/GI Specialty for a colonoscopy (**L4** Risk) if: 1. ❑ FOBT (+), 2. ❑ African-American ≥ 45 years of age, or 3. ❑ Any person ≥ 50 years. (Continue with Testosterone Treatment for qualified patients!)

Just a Reminder: TESTOSTERONE CONTRAINDICATION HISTORY – **Do not treat!!**:

❑ Breast or Prostate cancer ❑ Prostate abnormality - nodularity or induration ❑ Anyone with PSA > 4 ng/ml

❑ PSA > 3 ng/ml + A risk-factor-[1) African-American, or 2) First-degree relative with prostate cancer]

Diagnosis: ❑ ♂Hypogonadism 257.2 ❑ 799.81 Decreased libido ❑ 607.84 Erectile Dysfunction

❑ Fatigue/malaise 780.79 ❑ Sleep disturbance 780.50 ❑ Muscle weak 728.87 ❑ □ Body fat 278.02

❑ FOBT+ 578.1 ❑ Hemorrhoids(❑ Int 455.0 | ❑ Ext 455.3 | ❑ Tags 455.9) ❑ Anal Fissure 565.0

Treatment Plan: **Risk(R):** OTC Rx = L3, e.g. ❑ Ibuprofen 200-400mg TID PRN | Prescription Rx = L4 |

❑ **IM Testosterone** 75–100 mg weekly ❑ IM Testosterone 150–200 mg administered every 2 weeks

❑ In men receiving testosterone enanthate or cypionate, aim for testosterone levels between 400 and 700 ng/dl one-week after the injection. Adjust the dose up or down every two-weeks until these levels are achieved.

❑ Unsatisfactory (<400 or >700 ng/dl) levels of Testosterone _____ ng/dl measured on _____(day).

❑ RTO in one week for repeat of that qualifying a.m. testosterone test, either: ❑ Total or ❑ Free

❑ Satisfactory (between 400 and 700 ng/dl) levels of Testosterone _____ ng/dl measured on _____(day).

❑ Once satisfactory T-levels are achieved, begin MONITIORING PLAN (see below) q 3-6 months, then yearly:

❑ **Testosterone Patch** (Androderm®) 4 mg/day system: applied nightly over the skin of the back, thigh, or upper arm, away from boney or pressure areas.

❑ In men receiving Androderm®, aim for testosterone levels between 400 and 930 ng/dl two-weeks after starting therapy. Adjust the dose up or down every two-weeks until these levels are achieved. Serum concentrations outside the range of 400 - 930 ng/dL require increasing the daily dose to 6 mg (i.e., one 4 mg/day and one 2 mg/day system) or decreasing the daily dose to 2 mg (i.e., one 2 mg/day system), maintaining nightly application.

❑ Unsatisfactory (<400 or >930 ng/dl) levels of Testosterone _____ ng/dl measured on _____(day).

❑ RTO in two weeks for repeat of that qualifying a.m. testosterone test, either: ❑ Total or ❑ Free

❑ Satisfactory (between 400 and 930 ng/dl) levels of Testosterone _____ ng/dl measured on _____(day).

❑ Once satisfactory T-levels are achieved, begin MONITIORING PLAN (see below) q 3-6 months, then yearly:

Treatment Plan Continued:

❑ Testosterone within normal limits: but patient complains of Erectile Dysfunction.
❑ Rx **Viagra** 50 mg/day P.O. prn, approximately 1-hour before sexual activity. May increase to 100 mg/day
❑ Do take with nitrates or alpha blockers (drugs used to treat high blood pressure or enlarged prostates) which if taken together may cause a sudden unsafe drop in blood pressure. Do not take if you have suffered from a heart attack, stroke, or life threatening arrhythmia (irregular heart rate) within the last 6 months.
❑ Side Effects: headache; flushing; upset stomach; abnormal vision, such as changes in color vision (such as having a blue color tinge) and blurred vision; stuffy or runny nose; back pain; muscle pain; nausea; dizziness; rash.

❑ Testosterone within normal limits: but patient complains of Erectile Dysfunction, or symptoms of an Enlarged Prostate.
❑ Rx **Cialis** 10 mg/day P.O. prn, approximately 1-hour before sexual activity. May increase to 20 mg/day prn, or
❑ Rx Cialis 2.5 mg/day P.O. can be taken on a daily basis (every single day, whether you plan sexual activity or not). May increase to 5 mg/day prn
❑ Rx Cialis 5 mg/day P.O. for treating the symptoms of an enlarged prostate. This is the same dose that is used for treating both an enlarged prostate and erectile dysfunction at the same time (many men have both conditions).
❑ Do take with nitrates or alpha blockers (drugs used to treat high blood pressure or enlarged prostates) which if taken together may cause a sudden unsafe drop in blood pressure. Do not take if you have suffered from a heart attack, stroke, or life threatening arrhythmia (irregular heart rate) within the last 6 months.
❑ Side Effects: headache; flushing; upset stomach; abnormal vision, such as changes in color vision (such as having a blue color tinge) and blurred vision; stuffy or runny nose; back pain; muscle pain; nausea; dizziness; rash.

MONITIORING PLAN: Evaluate in 3 to 6 months, then yearly:

❑ Once satisfactory T-levels are achieved, begin MONITIORING PLAN EVERY at 3-6 months (see below), then yearly:

- ❑ Repeat PSA test, & reevaluate the risk factors (above) for any patient with a PSA >3 ng/ml
- ❑ Repeat the qualifying a.m. testosterone test, either: ❑ Total or ❑ Free, and make another appointment to discuss these results.
- ❑ IPSS score: Assess whether IPSS score is > 19. If score > 19, then refer to a Urologist
- ❑ Assess whether symptoms have responded to treatment and whether the patient is suffering any adverse effects, and check compliance.
- ❑ Injectable testosterone esters: Inquire about fluctuations in mood or libido, and cough after injection
- ❑ Testosterone patch: Look for signs of skin reaction at the application site.
- ❑ After 1 to 2 years of testosterone therapy in hypogonadal men with osteoporosis or low trauma fracture, repeat bone mineral density of the lumbar spine, femoral neck, and hip.

❑ Findings & Recommendations if not marked above:

❑ Next visit:

Rick Shacket DO, MD(H) or PAC _____