The Center for Women
Obstetrics & Gynecology
J. Harley Barrow, Jr., M.D. & Amanda G. Thornton, A.P.N.

bioTE® CERTIFIED PRACTITIONER

MALE SYMPTOM ASSESSMENT CHECKLIST

Name: _____ **Date:** _____

Please mark any symptoms:

	Never	Mild	Moderate	Severe
Decline in General Well Being	( )	( )	( )	( )
Fatigue	( )	( )	( )	( )
Joint Pain & Muscle Aches	( )	( )	( )	( )
Excessive Sweating	( )	( )	( )	( )
Sleep Problems	( )	( )	( )	( )
Increased Need for Sleep	( )	( )	( )	( )
Irritability	( )	( )	( )	( )
Nervousness or Anxiety	( )	( )	( )	( )
Depressed Mood	( )	( )	( )	( )
Exhaustion & Lacking Vitality	( )	( )	( )	( )
Declining Mental Focus & Concentration	( )	( )	( )	( )
Feeling You Have Passed Your Peak	( )	( )	( )	( )
Feeling Burned Out	( )	( )	( )	( )
Decreased Muscle Strength	( )	( )	( )	( )
Breast Development	( )	( )	( )	( )
Shrinking Testicles	( )	( )	( )	( )
Rapid hair loss	( )	( )	( )	( )
Decreased in Beard Growth	( )	( )	( )	( )
New Migraine Headaches	( )	( )	( )	( )
Decreased Sexual Desire or Libido	( )	( )	( )	( )
Decreased Morning Erections	( )	( )	( )	( )
Decreased Ability to Perform Sexually	( )	( )	( )	( )
Infrequent or Absent Ejaculations	( )	( )	( )	( )
No Results from E.D. Medications	( )	( )	( )	( )
Weight Gain, Belly Fat or Inability to Lose Weight	( )	( )	( )	( )

Please mark any Family History:

	Yes	No
Heart Disease	( )	( )
Diabetes	( )	( )
Osteoporosis	( )	( )
Alzheimer's Disease	( )	( )

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