Name: Today’s Date:
 *(Last) (First) (Middle)*

Date of Birth: Age: Occupation:

Home Address:

City: State: Zip:

Home Phone: Cell Phone: Work:

Email Address:

How did you hear about us? ☐ Patient (Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ☐ Event (\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

☐ Practitioner (Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ☐ Pharmacy (Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

☐ Social Media (Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ☐ TV (Station:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ☐ Radio (Station:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

In Case of Emergency Contact: Relationship:

Home Phone: Cell Phone: Work:

Pharmacy Name: Phone:

Address:

Primary Care Physician’s Name: Phone:

Address:

May we share your clinical information with your PCP? ☐ Yes ☐ No

**MEDICAL HISTORY**

Weight: Have you ever had any issues with anesthesia? ( ) Yes ( ) No
Any known drug allergies: ( ) Yes ( ) No If yes please explain:

Do you smoke? ( ) Yes ( ) No ( ) Quit How much? How often? Age started?
Do you drink alcohol? ( ) Yes ( ) No ( ) Quit How much? How often? Age started?
Current Medications and dosage:

Nutritional/Vitamin Supplements:

Current Hormone Replacement Therapy: Past HRT:

Surgeries, list all and when:

Other Pertinent Information:

Do you have a family history of? ( ) Heart Disease ( ) Cancer ( ) Diabetes ( ) Other

( ) Hemochromatosis
( ) Depression / anxiety
( ) Psychiatric disorder
( ) Diabetes
( ) Thyroid disease
( ) Arthritis

( ) Trouble passing urine or take Flomax or Avodart
( ) Chronic liver disease (hepatitis, fatty liver, cirrhosis)

( ) Prostate enlargement
( ) Elevated PSA
( ) Cancer:

( ) Testicular or prostate Year:

( ) Other: Year:

( ) High blood pressure
( ) High cholesterol
( ) Heart disease
( ) Stroke
( ) Heart attack
( ) Blood clot or pulmonary emboli

*I understand that if I begin testosterone replacement with any testosterone treatment, including testosterone pellets, I will produce less testosterone from my testicles. And if I stop testosterone replacement I may experience a temporary decrease in my testosterone production. Testosterone pellets should be completely out of your system in 12 months.*

**PRINT NAME SIGNATURE DATE**