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**BHRT Symptom Update--Male**

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Have there been any changes in any of your medications in the past year? If so, please list:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check all symptoms below that apply** (this is very important to the evaluation process)

**Symptoms of low Progesterone?**

- Food Cravings
- Anxiety/Irritability
- Joint Pain
- Low Energy
- Weight Gain
- Mood Swings
- Headaches \_\_\_\_\_ x per week
- Fuzzy Thinking
- Acne
- Low Sex Drive
- Depression

**Other Symptoms?**

- Insomnia \_\_\_\_\_ x per week
- Dry Skin

**Symptoms of low Testosterone?**

- Depression
- Joint Pain
- Heart Palpitations
- Fibromyalgia
- Urinary Incontinence
- Low Sex Drive
- Memory Lapses
- Thinning Skin/Scalp Hair Loss
- Low Energy
- Bone Loss
- Muscle Weakness

**Have any symptoms become more frequent/bothersome in the past few months?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_