



Pharmacist: Tracy Dryer & Jill Caracci
19321 E. US 40 Hwy, Suite P
Independence, MO 64055
816-788-7928
Fax: 855-482-1010
bhrt@sterlingrx.net

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? _____

Filling out a Symptom Update Sheet gives the pharmacist permission to make dosing change suggestions to your doctor. If you do not want changes, there is no reason to fill out the sheet. If you do not want the new changes filled right away, but put "On Hold" for the next time you need them filled, please check this box.