

Fusion Wellness
Male Hormone Self Assesment

Date _____

Name: _____ DOB: _____

To what degree do you experience the following issues / problems?

On a scale of 0 to 10 with 0 = No issue, 1-4 = Mild, 5-7=Moderate 8-10= Effect my day life / Major Issue for me
 Fill out baseline numbers only for initial appointment. Expect 0-2 after treatment.

Issues	Score	Comments	Changes after Treatment
Fatigue or Loss of Energy			
Depression			
Irritability/Anger			
Brain Fog			
Anxiety			
Lack of Motivation			
Loss of Memory			
Decreased Stamina			
Pain			
Sleep Disturbances - Sleep Apnea			
Dry Skin			
Thinning Hair			
Muscle Loss			
Bone Loss			
Weight gain/ Increased Abdominal Fat			
Night Sweats			
Decreased Urine Flow			
Waking up a night to urinate			
Increased Urinary Urge			
Lack of Sexual Desire			
Ability to Achieve Erection			
Erection hard enough for meaningful & enjoyable penetration			
Ability to maintain erection during intercourse			
Ability to Ejaculate			
Ability to achieve repeat erection after ejaculation			
Other			
Other			