



### New Patient Package

The contents of this package are your first step to restore your vitality.  
Please take time to read this carefully and answer all the questions as completely as possible.  
We look forward to partnering with you to help you feel your best again.  
Please bring this completed form to your initial appointment.  
Thank you for your interest in The Men's Wellness Centers!

### Patient Questionnaire & History

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

May we contact you via E-Mail? ( ) YES ( ) NO

In Case of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Primary Care Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

May we contact your Physician regarding your treatment at Men's Wellness Centers? ( ) YES ( ) NO

Marital Status (check one): ( ) Married ( ) Divorced ( ) Widower ( ) Living with Partner ( ) Single

Treatment Interested in (check all that apply):

- ( ) Total Hormone Replacement Therapy
- ( ) Testosterone Replacement Therapy
- ( ) Erectile Dysfunction
- ( ) Weight Loss
- ( ) Energy Boost



## Medical History

Any known drug allergies: \_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

Current Hormone Replacement Therapy: \_\_\_\_\_

Past Hormone Replacement Therapy: \_\_\_\_\_

Nutritional/Vitamin Supplements: \_\_\_\_\_

Surgeries, list all and when: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

### Medical Illnesses/ Conditions:

- |  |   |
|--|---|
| <input type="checkbox"/> High blood pressure.                  | <input type="checkbox"/> Testicular or prostate cancer.                             |
| <input type="checkbox"/> High cholesterol.                     | <input type="checkbox"/> Elevated PSA.  |
| <input type="checkbox"/> Heart Disease.                        | <input type="checkbox"/> Prostate enlargement.                                      |
| <input type="checkbox"/> Stroke.                               | <input type="checkbox"/> Trouble passing urine or take Flomax or Avodart.           |
| <input type="checkbox"/> Blood clot and/or a pulmonary emboli. | <input type="checkbox"/> Chronic liver disease (hepatitis, fatty liver, cirrhosis). |
| <input type="checkbox"/> Hemochromatosis.                      | <input type="checkbox"/> Diabetes.  |
| <input type="checkbox"/> Depression/anxiety.                   | <input type="checkbox"/> Thyroid disease.   |
| <input type="checkbox"/> Polycythemia.                         | <input type="checkbox"/> Arthritis.   |
| <input type="checkbox"/> Cancer (type): _____                  | <input type="checkbox"/> Sickle Cell.   |
| Year: _____  | <input type="checkbox"/> Priapism.  |
| <input type="checkbox"/> Sleep Apnea.                          | <input type="checkbox"/> Peyronie's Disease.  |
|  | <input type="checkbox"/> Anxiety.   |



**General Wellness Overview:**

*Symptoms (please check frequency for each condition)*

	Never	Mild	Moderate	Severe
Decline in general well being				
Joint pain/muscle ache				
Excessive sweating				
Sleep problems				
Increased need for sleep				
Irritability				
Anxiety / Nervousness				
Depressed mood				
Declining Mental Ability/Focus/Concentration				
Exhaustion/lacking vitality				
Feeling burned out/hit rock bottom				
Decreased muscle strength				
Weight Gain/Belly Fat/Inability to Lose Weight				
Breast Development				
Shrinking Testicles				
Rapid Hair Loss				
Decrease in beard growth				
New Migraine Headaches				
Decreased desire/libido				
Decreased morning erections				
Decreased ability to perform sexually				
Infrequent or Absent Ejaculations				
No Results from E.D. Medications				
Other symptoms that concern you:				

Print Name

Signature

Today's Date