# Health Assessment for Men

**Name:** _____ **Date:** _____

**E-Mail:** _____

| Symptom *(please check mark)* | Never | Mild | Moderate | Severe |
|---|---|---|---|---|
| Decline in general well being | | | | |
| Fatigue | | | | |
| Joint pain/muscle ache | | | | |
| Excessive sweating | | | | |
| Sleep problems | | | | |
| Increased need for sleep | | | | |
| Irritability | | | | |
| Nervousness | | | | |
| Anxiety | | | | |
| Depressed mood | | | | |
| Exhaustion/lacking vitality | | | | |
| Declining Mental Ability/Focus/Concentration | | | | |
| Feeling you have passed your peak | | | | |
| 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 | | | | |

## Family History

| | NO | YES |
|---|---|---|
| Heart Disease | | |
| Diabetes | | |
| Osteoporosis | | |
| Alzheimer's Disease | | |

# Health Assessment for Women

**Name:** _____ **Date:** _____

**E-Mail:** _____

| **Symptom** (please check mark) | Never | Mild | Moderate | Severe |
|---|---|---|---|---|
| Depressive mood | | | | |
| Fatigue | | | | |
| Memory Loss | | | | |
| Mental confusion | | | | |
| Decreased sex drive/libido | | | | |
| Sleep problems | | | | |
| Mood changes/Irritability | | | | |
| Tension | | | | |
| Migraine/severe headaches | | | | |
| Difficult to climax sexually | | | | |
| Bloating | | | | |
| Weight gain | | | | |
| Breast tenderness | | | | |
| Vaginal dryness | | | | |
| Hot flashes | | | | |
| Night sweats | | | | |
| Dry and Wrinkled Skin | | | | |
| Hair is Falling Out | | | | |
| Cold all the time | | | | |
| Swelling all over the body | | | | |
| Joint pain | | | | |

## Family History

| | NO | YES |
|---|---|---|
| Heart Disease | | |
| Diabetes | | |
| Osteoporosis | | |
| Alzheimer's Disease | | |
| Breast Cancer | | |