



# Personal information »hormones man«

## General information

Name	.....	E-Mail	.....
First name	.....	Telephone (day time)	.....
Street address	.....	Date of birth	.....
Postal code and city	.....	Profession	.....
		Date of appointment	.....

## Our questions for you

Your height ..... Your weight ..... Your age .....

Do you have children?  Yes  No Please provide their birth years .....

Period / monthly cycle  regular: Every ..... days and lasts ..... days  irregular  non-existent: last bleeding (year) .....

Do you have any allergies?  Yes  No  
List allergies here .....

Do you take medication?  Yes  No  
Please provide the exact name, strength and dosage .....

Have you had an operation in the past?  Yes  No  
List type of operation and date (year) .....

Do you suffer from a serious illness?  Yes  No  
List illness(es) here .....

Have any members of your immediate family (parents, siblings) been diagnosed with vascular diseases (heart attack, stroke, thrombosis, dementia, arterial occlusive disease)?  Yes  No  
List diseases here .....

Do you smoke?  Yes  No How many cigarettes per day? .....

**Do you suffer from any of the following symptoms:**

Depression?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Since when? .....
Memory loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Since when? .....
Weight gain or loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Since when? .....
Hair loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Since when? .....
Hot flashes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Since when? .....
Difficulty sleeping?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Since when? .....
Loss of libido?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Since when? .....
Sweating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Since when? .....
Loss of energy / listlessness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Since when? .....

Which of these symptoms would you identify as the **main issue**? .....