Tahlequah Drug Co.
Compounding Lab

Men's Bio-Identical Hormone Evaluation Form

TODAY'S DATE / /

BIRTHDATE / / AGE

NAME

WAIST SIZE HEIGHT W EIGHT

ADDRESS:

DO YOU USE TOBACCO? YES NO
HOW OFTEN, HOW MUCH?

CITY

DO YOU USE ALCOHOL? YES NO
HOW OFTEN, HOW MUCH?

STATE ZIP CODE

DO YOU USE CAFFEINE? YES NO
HOW OFTEN, HOW MUCH?

PHONE

EMAIL

DOCTOR'S NAME	PHONE	OFFICE ADDRESS

ALLERGIES (PLEASE CHECK ALL THAT APPLY TO YOU.)

[ ]Penicillin
[ ]Codeine
[ ]Sulfa Drug
[ ]Morphine
[ ]Aspirin
[ ]Food Allergies
[ ]Dye Allergies
[ ]Nitrate Allergy
[ ]No Known Allergies
[ ]Pet Allergies
[ ]Seasonal (pollen) Allergies
[ ]Other:

PLEASE DESCRIBE THE REACTION YOU EXPERIENCED AND WHEN IN OCCURRED :

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OVER-THE-COUNTER MEDICATIONS (PLEASE CHECK ALL THAT APPLY TO YOU.)

[ ] Aspirin
[ ] Acetaminophen (ex: Tylenol®)
[ ] Ibuprofen (ex: Advil® or Motrin IB®)
[ ] Naproxen (ex: Aleve®)
[ ] Cough suppressant (ex: Robitussin DM®)
[ ] Antihistamine (ex: Chlor-Trimeton®)
[ ] Decongestant (ex: Sudafed®)
[ ] Vitamins or Herbs : .....
.....
[ ] Combination (cough + cold releiver/ex: Triminc DM®)
[ ] Sleep aids (ex: Exedrin PM®, Unisom, Sominex®, Nytol®)
[ ] Antidiarrheals (ex: Imodium®, Pepto Bismol®)
[ ] Laxatives/stool softeners (ex: Colace®, Correctol®)
[ ] Diet aids/weight loss products (ex: Dexatril®)
[ ] Antacids (ex: Maalox®, Mylanta®)
[ ] Acid blockers (ex: Tagamet HB®, Pepcid C®, Prilosec®)
[ ] Others : .....
.....

MEDICAL CONDITIONS/DISEASES (PLEASE CHECK ALL THAT APPLY TO YOU.)

[ ] Heart disease (ex: Congestive Heart Failure)
[ ] High cholesterol or lipids (ex: Hyperlipidemia)
[ ] High blood pressure (ex: Hypertension)
[ ] Cancer .....
[ ] Ulcers (stomach, esophagus)
[ ] Thyroid disease
[ ] Hormonal related items
[ ] Lung conditions (ex: asthma, emphysema, COPD)[ ]
Blood clotting problems
•••••• Diabetes
•••••• Arthritis or joint problems
•••••• Depression
•••••• Erectile Dysfunction
•••••• Headache/migraines
•••••• Osteoporosis
•••••• Others:

CURRENT PRESCRIPTION MEDICATIONS:

MEDICATION NAME	STRENGTH	DATE STARTED	HOW OF TEN PER DAY

LIST HORMONES PREVIOUSLY TAKEN:

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PATIENT INFORMATION SHEET

	ABSENT 1	MILD 2	MODERATE 3	SEVERE 4	COMMENT
Unusual Increase in Fatigue					
Weight gain					
Decrease in Muscle Mass					
Loss of Muscle Strength					
Joint/Muscle Pains					
Anxiety/Nervousness					
Depression/Apathy					
Increase in Waist Size					
Trouble Losing Weight					
Headaches					
Irritability					
Mood swings					
Loss in Height					
Sleep disturbances / insomnia					
Decreased Sex Drive					
Difficulty Establishing Full Erection					
Difficulty Maintaining Full Erection					
Decrease in Spontaneous Morning Erections					
Decrease in Mental Sharpness					
Trouble Concentrating					
Decreased Stamina					
Increased Urinary Urge					
Burned Out Feeling					
Hair loss					
Decreased Urine Flow					

WHAT ARE YOUR GOALS WITH TAKING BHRT?

PLEASE WRITE ANY QUESTIONS YOU MAY HAVE: