Birken
MEDICAL AESTHETICS

MALE PATIENT QUESTIONNAIRE & HISTORY

Name: _____ Today's Date: _____
(Last) (First) (Middle)

Birthdate: ___/___/___ Age: _____ Wt: _____ Ht: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

In Case of Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Primary Care Physician's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Pharmacy Name: _____ Phone:_____

Marital Status {check one}: ( )Married ( )Divorced ( )Widow ( )LivingwithPartner ( )Single

In the event we cannot contact you by the mean's you've provided above, we would like to know if we have permission to speak to your spouse or significant other about your treatment. By giving the information below you are giving us permission to speak with your spouse or significant other about your treatment.

Spouse's Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Randy A. Birken, MD

4185 Technology Forest Blvd. Suite 190, The Woodlands, TX 77381 | Phone: 281.419.3231 | Fax: 832.813.7462

Birken
MEDICAL AESTHETICS

MALE PATIENT QUESTIONNAIRE & HISTORY

Social:

( ) I am sexually active.

( ) I want to be sexually active.

( ) I have completed my family.

( ) I have used steroids in the past for athletic purposes.

Habits:

( ) I smoke cigarettes or cigars _____ per day.

( ) I drink alcoholic beverages _____ per week.

( ) I drink more than 10 alcoholic beverages a week.

( ) I use caffeine _____ a day.

Randy A. Birken, MD

4185 Technology Forest Blvd. Suite 190, The Woodlands, TX 77381 | Phone: 281.419.3231 | Fax: 832.813.7462

Birken
MEDICAL AESTHETICS

MALE PATIENT MEDICAL HISTORY

Any known drug allergies: _____

Have you ever had any issues with anesthesia? ( ) Yes ( ) No

If yes please explain: _____

Medications/Dosage Currently Taking: _____

Current Hormone Replacement Therapy: _____

Past Hormone Replacement Therapy: _____

Nutritional/Vitamin Supplements: _____

Other Pertinent Information: _____

Preventative Medical Care:

( ) High blood pressure
( ) High cholesterol
( ) Heart Disease
( ) Stroke and /or heart attack
( ) Blood clot and/or a pulmonary emboli
( ) Hemochromatosis
( ) Depression/anxiety
( ) Psychiatric Disorder
( ) Cancer (type): _____ Year: _____
( ) Testicular or prostate cancer
( ) Elevated PSA
( ) Prostate enlargement
( ) Trouble passing urine or take Flomax or Avodart
( ) Chronic liver disease (hepatitis,fatty liver, cirrhosis)
( ) Diabetes
( ) Thyroid disease
( ) Arthritis

Randy A. Birken, MD

4185 Technology Forest Blvd. Suite 190, The Woodlands, TX 77381 | Phone: 281.419.3231 | Fax: 832.813.7462

Birken
MEDICAL AESTHETICS

BHRT CHECKLIST FOR MEN

Name: _____ Date: _____

E-Mail: _____

Symptom (please check mark):	Never	Mild	Moderate	Severe
Decline in general well being	○	○	○	○
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	○	○

Randy A. Birken, MD

4185 Technology Forest Blvd. Suite 190, The Woodlands, TX 77381 | Phone: 281.419.3231 | Fax: 832.813.7462