



Name:

DOB:

MA:

Room#:

SUBJECTIVE:

Goal Weight _____ lbs

Sleep hrs/day Carbs gm/day Water oz/day Exercise min/day Elevated Stress Yes/No Night Eating Yes/No

Joint pain | Excess Sweating | Sleep Problems | Irritability | Anxiety | Depressed Mood | Poor Thinking | Decreased Muscle Strength
Weight gain | Headaches | Poor Sexual performance | Moody | No Libidio

OBJECTIVE: **VITALS:** BP: PULSE: TEMP: F/C Height: ft in
PREVIOUS WEIGHT: lbs **CURRENT WEIGHT:** lbs **GOAL WEIGHT:** lbs
WAIST CIRCUMFERENCE: INCHES

HEENT: NL, EOMI, EYEBROWS
HEART: RRR
LUNGS: CTA
ABDOMEN: SOFT, NT
MSK: NL JOINTS
MUSCULAR: GOOD MUSCULAR TONE
NEURO: REFLEXES NORMAL
SKIN: NORMAL, NO RASHES
HAIR Thick, Full, No patches
GENITAL: NORMAL

FINDINGS:

Testosterone Level
Estradiol
FSH
Heme/Hgb

ASSESSMENT:

() Menopause () Andropause () Obesity () Insulin Resistance () Thyroid Deficiency

PLAN:

- [] DOING WELL
- [] FU Labs - Hormones
- [] ED Meds: Trimix, Sildenafil, Vardenafil, TADALAFIL
- [] Custom TriMix Formulation
- [] Pellet Therapy

SIG: _____ Date _____