



Tri-State Compounding Pharmacy

Andropause Symptom Sheet Male

Rate the following as they apply to you. Check the box that best corresponds with how you are currently feeling.

		Rare	Mild	Frequent	Severe
1.	Fatigue tiredness or loss of energy				
2.	Decrease in physical Stamina				
3.	Feelings of depression – a sense that work, marriage or recreational activities have lost significance				
4.	Decreased libido-loss of desire for sex				
5.	Erection or potency problems				
6.	Loss of early morning erection				
7.	Dry skin on face or hands				
8.	Increase in waist size- weight gain especially around the mid section				
9.	Increased fat distribution in chest area or hips				
10.	Feeling burned out, loss of motivation				
11.	Increase in aches, joint or muscle pains				
12.	Increased irritability, anger or bad temper				
13.	Decrease in muscle mass				
14.	The age you are: _____ The age you feel: _____				

PLEASE COMPLETE THIS ENTIRE SECTION

First Name		Last Name			
Home Phone Number		Work Phone Number		Mobile Phone Number	
Street Address			City		State
					Zip
Email Address				Date Of Birth	

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