GRAMERCY PARK INTEGRATIVE
DR. DLADLA

Name	Date

CURRENT MEDICATIONS AND SUPPLEMENTS

Medication or Supplement	Milligrams or Micrograms	# of Pills Daily	Date Started

MEN'S HEALTH REVIEW

Symptom	None	Mild	Moderate	Severe
Low Testosterone				
Do you have a decrease in libido (sex drive)?				
Do you have a lack of energy?				
Do you have a decrease in strength and/or endurance?				
Have you lost height?				
Have you noticed a decrease in your enjoyment of life?				
Are you sad and/or grumpy?				
Are your erections less strong?				
Have you noticed a recent deterioration in your ability to play sports?				
Hot flashesor Night Sweats				
Decreased Erections				
Weight Gain in the Waist				
Burned Out Feeling / Apathy				
Insomnia / Sleep Disturbances				
Decreased Concentration or Ability to Focus				
ED Function				
Trouble getting an erection during sex				
Erections not hard enough for penetration				

Trouble penetrating partner during intercourse				
Trouble maintaining erection during sex				
Lack of sexual satisfaction from sex				
Lack of ejaculation from sexual stimulation				
Loss of confidence in ability to keep or maintain erections				

CONCERNS

Please list any specific concerns and questions you want to discuss with your physician:

Would you like a letter sent to your primary care, internist, or any other physician explaining your current treatment? Yes_____ No ____

If so, what is the physician's name or the name of the practice? _____