

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## **HORMONE IMBALANCE – MEN** | Please check all that applies

I have trouble sleeping

I drink more than 3 alcoholic drinks per week

I have depression

I have loss of body hair

I have decrease beard growth

I have difficulty with concentration and memory

I have an decrease in endurance

I have anxiety I have reduced sex drive

I have a family history of insulin problems

I have a family history of high cholesterol

I have increased belly fat

I have trouble achieving or keeping an erection

I am infertile or have a low sperm count

I have muscle loss

I have bone loss or have had bone fractures with in the last few years

I feel weak

I feel a loss of purpose in life or direction