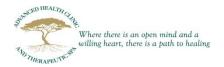


BHRT Checklist For Women

Name:		Date:		
E-Mail:				
Symptom (please check mark)	Never	Mild	Moderate	Severe
Depressive mood				
Fatigue				
Memory Loss				
Mental confusion				
Decreased sex drive/libido				
Sleep problems				
Mood changes/Irritability				
Tension				
Migraine/severe headaches				
Difficult to climax sexually				
Bloating				
Weight gain				
Breast tenderness				
Vaginal dryness				
Hot flashes				
Night sweats				
Dry and Wrinkled Skin				
Hair is Falling Out				
Cold all the time				
Swelling all over the body				
Joint pain				
Family History				
Heavit Bissess			NO	YES
Heart Disease				
Diabetes				
Osteoporosis				
Alzheimer's Disease				
Breast Cancer				



BHRT Checklist For Men

Name:		Date:			
E-Mail:					
Symptom (please check mark)	Never	Mild	Moderate	Severe	
Decline in general well being					
Fatigue					
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					