

COLEMAN PRIMARY CARE
SOTTOPELLE
MALE QUESTIONNAIRE & CHECK LIST

NAME: _____ DOB: _____

HEIGHT: _____ WEIGHT: _____ RACE: _____

CURRENT MEDICATIONS: _____

CURRENT NON-PELLET TESTOSTERONE DOSE & FORM: _____

ALLERGIES: _____

PREVIOUS TESTOSTERONE DOSE (RETURNING PTS): _____

HISTORY OF RENAL DISEASE: YES NO

ACTIVE LIVER DISEASE: YES NO

HISTORY OF HYPERTENSION: YES NO

HISTORY OF PROSTATE CANCER: YES NO

HISTORY OF BENIGN PROSTATIC HYPERTROPHY: YES NO

HISTORY OF DIABETES: YES NO

HISTORY OF COLON CANCER: YES NO

HISTORY OF TESTICULAR CANCER: YES NO

HISTORY OF METABOLIC SYNDROME: YES NO

PLEASE FORWARD THIS FORM ALONG WITH THE FOLLOWING INFORMATION PRIOR TO YOUR APPOINTMENT:

_____ BLOODWORK RESULTS (INC. HEMOGLOBIN A1C FOR DIABETIC PTS)

_____ CURRENT PHYSICAL

_____ BONE DENSITY (IF YOU'RE AGE 40 OR OLDER)

~ 2 PIDGEON HILL DRIVE, SUITE 400 ~
~ STERLING, VA 20165 ~
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