

TEST SELECTION BASED ON PATIENT SYMPTOM CHECKLIST

For Men

Use each of the following checklists to determine your patients' symptoms of hormone imbalance and to help you choose the appropriate hormone test profile.

Category 1: Basic Hormone Imbalance

Mark which of the following symptoms are troublesome and/or persist over time.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Burned out feeling | <input type="checkbox"/> Irritable | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Decreased urine flow |
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Erectile dysfunction | <input type="checkbox"/> Increased urinary urge | <input type="checkbox"/> Decreased stamina |
| <input type="checkbox"/> Weight gain waist | <input type="checkbox"/> Prostate problems | <input type="checkbox"/> Infertility problems | <input type="checkbox"/> Sleep disturbances |
| <input type="checkbox"/> Decreased libido | <input type="checkbox"/> Decreased mental sharpness | <input type="checkbox"/> Oily skin | <input type="checkbox"/> Decreased muscle mass |
| <input type="checkbox"/> Decreased erections | | <input type="checkbox"/> Apathy | |
| <input type="checkbox"/> Night sweats | | | |

Number selected _____

Category 2: Adrenal Hormone Imbalance

Mark which of the following symptoms are troublesome and/or persist over time.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Aches and pains | <input type="checkbox"/> Elevated triglycerides | <input type="checkbox"/> Morning fatigue | <input type="checkbox"/> Bone loss |
| <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Blood sugar imbalance |
| <input type="checkbox"/> Infertility | <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Allergic conditions | <input type="checkbox"/> Autoimmune illness |
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Prostate problems | <input type="checkbox"/> Weight gain waist | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Evening fatigue | <input type="checkbox"/> Decreased erections | <input type="checkbox"/> Susceptibility to infections |
| | | <input type="checkbox"/> Susceptibility to infections | |

Number selected _____

Category 3: Thyroid Hormone Imbalance

Mark which of the following symptoms are troublesome and/or persist over time.

- | | | | |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> Low libido | <input type="checkbox"/> Depression | <input type="checkbox"/> Cold body temperature | <input type="checkbox"/> Decreased erections |
| <input type="checkbox"/> Foggy thinking | <input type="checkbox"/> Infertility | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sleep disturbances |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Inability to lose weight |
| <input type="checkbox"/> Elevated cholesterol | | | |

Number selected _____

If your patient checked symptoms in MORE THAN ONE Category this is an indication of hormone imbalance.

Good: Male Hormone Profile I or II (blood spot) **Best:** Comprehensive Profile (Combination Kit)

If your patient checked symptoms ONLY in Category 1 this is an indication of hormone imbalance.

Good: Male Hormone Profile I (blood spot) **Best:** Comprehensive Profile (Combination Kit)

If your patient checked symptoms ONLY in Category 2 this is an indication of hormone imbalance.

Good: Male Hormone Profile II **Best:** Comprehensive Profile (Combination Kit)

If your patient checked symptoms ONLY in Category 3 this is an indication of hormone imbalance.

Good: Complete Thyroid Profile (Blood Spot) **Best:** Comprehensive Profile (Combination Kit)