



HEALTH HISTORY FOR MEN

Please mark the scales with an **x** and check any boxes indicating symptoms you have had in the past month.

TEMPERATURE • How warm/cold you feel (not in degrees), relative to other people; do you wear more or fewer layers, etc.



- Cold hands or feet
- Chills
- Cold "in the bones"
- Areas of numbness
- Thirst for cold / hot drinks
- Thirst, no desire to drink
- Absence of thirst
- Excessive thirst

- Night Sweats
- Unusual Sweats
- When? _____
- Where on body? _____
- Hot hands or feet
- Hot flashes
- Hot in the afternoon
- Hot at night

MOISTURE • Your overall body moisture (hair, skin, mouth, bowels, etc.)



- Dry skin
- Dry hair
- Dry eyes
- Dry, brittle nails
- Dry mouth
- Dry lips
- Dry throat
- Dry nose / nosebleeds

- Where on body?*
- Edema/Swelling _____
 - Rashes _____
 - Itching _____
 - Dandruff _____
 - Oily skin
 - Oily hair
 - Acne
 - Weight gain / loss

DIGESTION



- BM frequency: times every day(s)
- Stools keep shape? Yes No
- Alternating diarrhea and constipation?
 - Indigestion
 - Gas
 - Bloating
 - Belching
 - Poor appetite

- Nausea / Vomiting
- Bad breath
- Heartburn
- Excessive hunger
- Dry stools
- Difficulty passing stool
- Tired after BM
- Foul-smelling stools

ENERGY



- Sudden energy drop
- Time of day: _____ a.m. / p.m.
- Energy drop after eating
- Fatigue
- Dependence on caffeine / stimulants
- Wired / ungrounded feeling
- Body / limbs feel heavy
- Body / limbs feel weak

- Shortness of breath
- Heart palpitations
- Blood pressure high / low
- Bleed / Bruise easy
- Hard to concentrate
- Poor memory
- Dizziness / lightheaded
- Headaches times a week

SLEEP

- Average no. hours per night:
- Difficulty falling asleep
 - Wake times a night at : a.m. / p.m.
 - Wake to urinate (How often? _____)
 - Disturbing dreams
 - Restless sleep
 - Not rested upon waking

EMOTIONS

- What emotion(s) dominate your experiences?
- Anger
 - Irritability
 - Anxiety
 - Worry
 - Obsessive thinking
 - Sadness
 - Grief
 - Depression
 - Joy
 - Fear
 - Timid / shy
 - Indecision

EYES, EARS, NOSE, THROAT

- Poor vision
- Night blindness
- Red eyes
- Itchy eyes
- Spots in front of eyes
- Sinus congestion
- Phlegm (color _____)
- Poor hearing
- Ringing in ears
- Excess earwax
- Sore throat
- Dental problems
- Mouth sores
- Cough

URINARY

- Fluid in, fluid out? Yes No
- Decrease in flow
- Dribbling
- Difficulty starting/stopping
- Incontinence
- Kidney stones
- Urgency to urinate
- Frequent urination
- Pain upon urination
- Burning sensation
- Cloudy urine
- Blood in urine

REPRODUCTIVE

- Are you sexually active? Yes No
- Change of sexual drive: Δ ∇
- Erectile dysfunction
- Premature ejaculation
- Sores on genitals
- Discharge
- Prostate disease
- Genital pain
- Jock Itch
- Vasectomy
- Hernia
- Hemorrhoids