



MALE SYMPTOMS LIST

Is This You?

- Headaches
- Hair Loss
- Dry Skin
- Acne/Oily Skin
- Loss of Facial Hair
- Insomnia/Difficulty Sleeping
- Lack of Motivation
- Inability of Concentrate
- Short Term Memory Loss
- Depressed Mood
- Mood Swings
- Irritability/Bad Temper
- Anxiety or Nervousness
- Weight Gain
- Weight Loss
- Increase in Waist Size
- Increase in Breast Size
- Backaches
- Joint Pain
- Loss of Muscle Mass/Tone
- Low Sex Drive
- Difficulty Achieving Erection
- Decreased Quality of Erection
- Difficulty Maintaining Erection
- Inability to Ejaculate
- Fatigue/Loss of Energy



Pertinent History:

Date of Birth: _____ / _____ / _____

Any drug allergies? If so, please list: _____

Any family history of prostate cancer? _____

Are you taking/or have you taken any Prescription or Over-the-Counter hormone replacement meds? **Y / N** If so, list name and strength of Medication: _____

Who is the Doctor you want us to contact for your prescription? _____

Return or Fax:

Pitt Street Pharmacy
111 Pitt Street
Mt. Pleasant, SC sc 29464
(843) 884 4051 phone
(843) 884 9117 fax

Please print:

Name: _____
Address: _____
City: _____
ST/Zip: _____
Day Time Phone: (____) _____
Home Phone: (____) _____
Email: _____