

MALE Symptom Checklist

LABORATORY TESTING MADE SIMPLE ZRT Laboratory
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Use each of the following checklists to determine your 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			

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

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			

Category 4: Cardiometabolic Risk

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

<input type="checkbox"/> Smoker	<input type="checkbox"/> Weight gain	<input type="checkbox"/> Heart disease or family history of heart disease
<input type="checkbox"/> High blood sugar	<input type="checkbox"/> Sugar cravings	<input type="checkbox"/> Diabetes or family history of diabetes
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Waist size greater than 40 inches
<input type="checkbox"/> Overweight or obese	<input type="checkbox"/> Low physical activity	



Charleston Wellness Center

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Nothing said, done, performed, typed, printed or indicated by me is intended to diagnose, prescribe or treat a disease. No statement should be interpreted as a claim or representation that any lifestyle or nutritional change constitutes a diagnosis, cure, palliative or ameliorative for any disease.

All patients are encouraged to seek competent medical attention when deemed necessary. I, Dr. Deena Fawn Smith, am a Chiropractic Physician. Chiropractic's medicinal goal is to assist the body in its own healing abilities. We attempt to ascertain certain lifestyle changes, nutritional supplements and various dietary changes that may measurably enhance or improve the patient's health and well-being. Nothing said or discovered in our work together will be released or revealed to anyone other than yourself, unless you authorize it so in writing.

It is your responsibility and right to consult with your primary physician and consult with him/her about any findings, dietary changes or nutritional supplements that are recommended to ensure that there are no interactions with your medications.

Date _____ Patient's Signature _____

Please print name _____

Address _____

Telephone #'s _____

Email _____