

Yes	No	Have you experienced the following symptoms?
		Lack of Energy / Fatigue
		Decreased Libido (Sex Drive)
		Erectile Dysfunction
		Decreased Muscle Strength
		Decreased Muscle Mass
		Increased Body Fat
		Sleep Disturbances
		Moodiness / Irritability
		Problems with Memory / Concentration
Yes	No	Do you have or have you had any of the following:
		Prostate or Breast Cancer
		Heart Failure
		Stroke
		Heart Attack
		Blood Clots
		Sleep Apnea w/o CPAP Use
		Desire Fertility in Near Future

Are you on testosterone now or have you been in the past? [] Yes [] No

Consent to have Blood Drawn

I authorize Houston Weight Loss & Low T to obtain a blood sample to determine my testosterone and PSA levels.

Patient Name

Date

Patient Signature