# Exam Form

Patient

DOB

Date

BP

BP

BP

Allergies

PMH

Past Surgical Hx

Medications

Social Hx

FMHX

## ROS

- [ ] Fat gain
- [ ] Low sex drive
- [ ] Fatigue
- [ ] Central obesity
- [ ] Erectile dysfunction
- [ ] Muscle loss or decreased strength
- [ ] Diminished physical stamina
- [ ] Low mood or depression
- [ ] Loss of interest in previously enjoyable activities

## Physical Exam (check if WNL or "+" for positive and "-" for negative)

- [ ] Constitutional
- [ ] Skin
- [ ] Heent
- [ ] Central Obesity
- [ ] Thyroid
- [ ] Cardio
- [ ] ABD
- [ ] GU
- [ ] Neuro
- [ ] MS

Additional comment for physical Exam

Doctor office Address

Physician Name

Phone Number

Physician Signature

Date