

Main Concern(s):

- ___ Testosterone replacement therapy (TRT)
- ___ Erectile dysfunctions (ED, premature ejaculation, Peyronie's disease)
- ___ Weight loss regimen with semaglutide

T.R.T.

ADAM scale score (ADAM scale pdf) ___ / 10
Previous blood test level(s) of testosterone _____
Previous treatment with testosterone _____
Issues about TRT that you are worried about _____
Other _____

E.D.

Difficulty in obtaining an erection	Yes	No
Difficulty in maintaining an erection	Yes	No
Issues with "too early" orgasm/ejaculation	Yes	No
Issues being unable to ejaculate	Yes	No
Issues with pain during intercourse or ejaculation	Yes	No
Issue with irregular curvature of your penis	Yes	No
Psychological aspects of erectile dysfunction issues	Yes	No

Describe your main concern(s) or issue(s): _____

Past Medication Use for Erectile Dysfunction or other Sexual Health Issues:

	<u>Never used</u>	<u>Started</u>	<u>Stopped</u>	<u>Worked</u>	<u>Side effects</u>
Viagra (sildenafil)	Yes / No	_____	_____	_____	_____
Cialis (tadalafil)	Yes / No	_____	_____	_____	_____
Levitra (vardenafil)	Yes / No	_____	_____	_____	_____
TriMix injections	Yes / No	_____	_____	_____	_____
Ultrasound/PRP/Botox	Yes / No	_____	_____	_____	_____
Other treatments	Yes / No	_____	_____	_____	_____

Weight loss regimen (with semaglutide)

Height: ___ feet ___ inches Current weight (lbs): _____ Target goal weight: _____

Current food intake (on average): ___ way too much ___ too much ___ just right ___ too little
Quality of food intake (average): ___ heart attack ___ not good ___ OK ___ just right

Willing to accurately track caloric intake Yes / No

Willing to effectively change food intake habits Yes / No

Willing to effectively increase physical activity Yes / No

Willing to use medication to enhance weight loss Yes / No