



BOCA RATON CENTER FOR AGE MANAGEMENT

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200 GLADES ROAD – SUITE 300
BOCA RATON, FL 33432
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MALE SYMPTOM PROFILE

PATIENT INFORMATION

| | |
|------|-----|
| NAME | DOB |
|------|-----|

PATIENT HISTORY

| | | | |
|----------------------------|-------|--------|-------|
| DATE OF LAST PROSTATE EXAM | _____ | RESULT | _____ |
| DATE OF LAST PSA TEST | _____ | RESULT | _____ |

SYMPTOMS (PLEASE CHECK IF APPLICABLE)

| |
|---|
| <input type="checkbox"/> MOOD SWINGS |
| <input type="checkbox"/> IRRITABILITY |
| <input type="checkbox"/> ANXIETY |
| <input type="checkbox"/> DEPRESSION |
| <input type="checkbox"/> MEMORY LOSS |
| <input type="checkbox"/> CLOUDY MIND |
| <input type="checkbox"/> DECREASED SEX DRIVE |
| <input type="checkbox"/> ABSENT SEX DRIVE |
| <input type="checkbox"/> FATIGUE |
| <input type="checkbox"/> DECREASED ENERGY LEVEL |
| <input type="checkbox"/> DECREASED STRENGTH/ENDURANCE |
| <input type="checkbox"/> LOSS OF HEIGHT |
| <input type="checkbox"/> WEIGHT GAIN DESPITE DIET/EXERCISE |
| <input type="checkbox"/> INABILITY TO LOSE WEIGHT DESPITE EXERCISE/DIET |
| <input type="checkbox"/> PAINFUL JOINTS |
| <input type="checkbox"/> HEADACHES |
| <input type="checkbox"/> DIFFICULTY MAINTAINING ERECTION |
| <input type="checkbox"/> DIFFICULTY ACHIEVING ORGASM |
| <input type="checkbox"/> OTHER _____ |