MALE
SYMPTOM CHECKLIST

Name: _____ **Date:** _____

Which of the following symptoms apply to you at this time? Please mark the appropriate one for each symptom.

____ Excessive sweating	____ Lack of motivation	____ Sleeping problems
____ Night sweats	____ Difficulty concentrating	____ Migraines
____ Depression	____ Foggy thinking	____ Cold body temperature
____ Irritability	____ Mood swings	____ Difficulty losing weight
____ Anxiety	____ Decreased sexual desire	____ Reduced muscle mass
____ Decreased energy	____ Erectile dysfunction	____ Reduced bone mass
____ Burned out feeling	____ Decreased a.m.erections	____ Blood sugar issues
____ Decreased stamina	____ Prostate problems	____ Infertility issues
____ Muscle or joint pain	____ Decreased beard growth	

Do you have any other major symptoms? If yes, please describe:

_____
_____
_____
_____
_____
_____
_____
_____

Phone: (859) 429-3333
Fax: (859) 869-0248
Email: jroark@rejuveneyouth.com