

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

### Mens Health Assessment

Please check the appropriate numbered box below (0 = never to 3 = frequently)

#### PROSTATE

	0	1	2	3
Frequency or urgency with urination				
Hesitancy with urination > difficulty initiating the stream				
Feelings of incomplete emptying of bladder > dribbling				
Nocturia > need to awaken to urinate				
Hematuria > blood noted in urine				
Feelings of incomplete bowel evacuation				
Pain experienced to lower back, groin or abdomen				
Pain experienced to inner legs or heels				
Restless leg syndrome at night				

#### ANDROPAUSE

	0	1	2	3
Decrease in spontaneous morning erections				
Difficulty in maintaining morning erections				
Decrease in fullness of erections				
Decrease in libido				
Decrease in physical stamina				
Loss of muscle tone even with working out				
Unexplained weight gain				
Increase of fat distribution around chest and hips				
Sweating attacks > increase of perspiration				
Mental fatigue that increases as the day progresses				
Inability to concentrate or finish tasks				
Episodes of depression				
Easily become overly emotional than in the past				

#### Voss Medicinal Healing

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