

<input checked="" type="checkbox"/> <b>Tick Your Symptoms</b>	
<b>Appearance</b>	<b>Sex</b>
<input type="checkbox"/> Aging appearance	<input type="checkbox"/> Decreased sex drive
<input type="checkbox"/> Abdominal obesity	<input type="checkbox"/> Erections too soft or absent
<b>Head</b>	<input type="checkbox"/> Erections wont last
<input type="checkbox"/> Headache	<input type="checkbox"/> Less ejaculation
<input type="checkbox"/> Ear noises	<input type="checkbox"/> Penis loss of feeling
<input type="checkbox"/> Aging face	<b>Mind and Memory</b>
<input type="checkbox"/> Small wrinkles	<input type="checkbox"/> Poor concentration
<b>Heart</b>	<input type="checkbox"/> Poor memory
<input type="checkbox"/> Palpitations	<input type="checkbox"/> Excessive emotions
<input type="checkbox"/> Short of breath quickly	<input type="checkbox"/> Too sensitive to problems
<b>Muscles and Joints</b>	<input type="checkbox"/> Over worrying
<input type="checkbox"/> Decreased muscles and strength	<input type="checkbox"/> Excess anxiety, fears
<input type="checkbox"/> and strength	<input type="checkbox"/> Loss initiative
<input type="checkbox"/> Joint pains	<b>Social</b>
<b>Skin</b>	<input type="checkbox"/> Loss of interest in life
<input type="checkbox"/> Easily sunburned	<input type="checkbox"/> Withdrawn, few contacts
<b>Nerves</b>	
<input type="checkbox"/> Numbness, tingling	
<b>Digestion</b>	
<input type="checkbox"/> Slow bowel movements	
<input type="checkbox"/> Constipation	
<b>Health in general</b>	
<input type="checkbox"/> Frequent complaints of being sick	
<b>Behaviour</b>	
<input type="checkbox"/> Nervous, irritable	
<input type="checkbox"/> Ill at ease	
<input type="checkbox"/> Lack of mental firmness	
<input type="checkbox"/> Indecisive, hesitating	
<input type="checkbox"/> Loss of confidence	
<input type="checkbox"/> lack of authority	
<input type="checkbox"/> Submissive	
<b>Mood</b>	
<input type="checkbox"/> Depression all day	
<input type="checkbox"/> Maybe crying, suicidal)	
<input type="checkbox"/> Anxious a lot more than usual	
<b>Energy</b>	
<input type="checkbox"/> Persistent fatigue that increases with activity	
<input type="checkbox"/> General lethargy	
<input type="checkbox"/> Lack interest in sports	
<input type="checkbox"/> Lack of endurance	
<b>Sleep</b>	
<input type="checkbox"/> Disturbed sleep	
<input type="checkbox"/> Hot flushes or feeling hot	
<input type="checkbox"/> Sweating spells of head and upper chest	
<b>Urination and Prostate</b>	
<input type="checkbox"/> Night urinations	
<input type="checkbox"/> Weaker force	
<input type="checkbox"/> Slow to start	
<input type="checkbox"/> Prostate infections	

**Doctor to Complete**

**Appearance**

- Pale
- Slumped, fragile
- Older looking adult
- Losing height
- Dry, thin (atrophic ) skin
- Bruise easily

**Back**

- Kyphosis, Lordosis

**Fat**

- Overweight, obese
- Fat accum abdo, hips and breasts

**Hair**

- Male pattern baldness
- Decreased axilla hair
- Decreased pubic hair
- Loss of body hair

**Face**

- Lack of muscle tone
- Small wrinkles eye corners
- Vertical lip lines
- Dry eyes (conj sicca)

**Hands**

- Small wrinkles palms
- Vertical nail lines

**Chest**

- Gynaecomastia

**Abdomen**

- Flabby belly
- Haemorrhoids

**Thighs**

- Cellulite

**Legs**

- Varicose veins

**Muscles**

- Reduced muscle mass, tone and strength

**Prostate**

- Prostate enlargement or atrophy or prostatitis
- Pale, dry glans penis, loos prepuce

**Penis**

- Small flaccid, atrophied - Peyronies

**Testes**

- Atrophied < 46 x 26mm

**Behaviour**

- Nervous
- Irritable
- Hesitant

**Mind and Memory**

- Poor concentration
- Poor memory
- Depressed attitude
- Higher anxious tone
- Messy look, depressive