

# INVIGORATE

-MED SPA-

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## SYMPTOM PROFILE

Name: _____	Date of Birth: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Phone: _____	Sex: _____ Male _____ Female

Date of last prostate exam (male): _____	Result: _____
Date of last PSA test (male): _____	Result: _____

Symptoms (please check if applicable)

_____	Mood Swings
_____	Irritability
_____	Anxiety
_____	Depression
_____	Memory Loss
_____	Cloudy Mind
_____	Decreased Sex Drive
_____	Absent Sex Drive
_____	Fatigue
_____	Decreased Energy Level
_____	Decreased Strength/Endurance
_____	Loss of Height
_____	Weight Gain Despite Exercise/Diet
_____	Inability to Lose Weight Despite Exercise/Diet
_____	Painful Joints
_____	Headaches
_____	Difficulty Maintaining Erection
_____	Difficulty Achieving Orgasm
_____	Other _____