

# THE UROLOGY GROUP

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Walter O'Brien, Kevin O'Connor, Nicholas Lailas,  
Gregory Schenk, Jennifer Young, Chuck Pruna, Christopher Starks  
Julie Spencer, Kristin Tamburro, Kathleen Cage, Mari Parker

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1860 Town Center Drive • Suite 150 • Reston, VA 20190 • 703-480-0220  
19415 Deerfield Avenue • Suite 112 • Leesburg, VA 20176 • 703-724-1195  
224-D Cornwall Street, NW • Suite 400 • Leesburg, VA 20176 • 703-443-6733

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Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Today's date \_\_\_\_\_

## TESTOSTERONE EVALUATION

**Symptoms** (circle): low energy    fatigue    weakness    depression    decreased muscle mass  
low sexual desire    sexual problems (eg. erectile dysfunction despite medication)

**History** (circle): liver problems                      loss of peripheral vision                      breast discharge

**Medical problems associated with low testosterone** (circle):                      low red blood count (anemia)  
low bone density (osteopenia/osteoporosis)                      type 2 diabetes                      high blood pressure  
high cholesterol                      emphysema (COPD)                      overweight                      prostate problems

**Symptoms of hyperthyroidism** (Because increased SHBG decreases bioavailable testosterone) (circle):  
appetite changes    difficulty sleeping    diarrhea    heat intolerance    dizziness  
increased sweating    palpitations    tremors    itching    nervousness

**Contraindications/precautions to testosterone therapy** (circle): prostate cancer                      breast cancer  
high red blood cell count    untreated sleep apnea    unstable heart failure    severe urinary symptoms  
attempting pregnancy

**Medications that interfere with testosterone** (circle): thiazide diuretics (hydrochlorothiazide (HCTZ)  
opiates/narcotic pain medicine    Tagamet (cimetidine)                      mental health (psychotropic) medicine  
steroids (Prednisone)                      spironolactone (aldactone)                      amiodarone                      ketoconazole                      estrogen

GnRH agonists: Lupron (leuprolide), Zoladex (goserelin), buserelin, nafarelin, histrelin, deslorelin

Nonsteroidal antiandrogen: Eulexin (flutamide)

GnRH antagonists: cetorelix, canirelix, degarelix, abarelix

(Provider use) -----

**Initial screening:** Morning total testosterone

If low: Confirm with morning total testosterone. Include free testosterone if there are conditions that alter SHBG level (low protein diet in elderly, cirrhosis, hyperthyroidism, anticonvulsants, estrogen, HIV).

If suspect secondary hypogonadism: gonadotropins (LH, FSH), thyroid function (TSH, T3, T4), prolactin

Check IPSS: If >19, caution with testosterone replacement

**Monitoring:** Total testosterone 2-3 months after initiation then as needed. Goal is mid to high normal total testosterone.

PCP monitoring of Hb or hct at baseline, at 3 months then annually. LFTs, lipids according to medication packet insert.

PSA and digital rectal exam may be performed every 3-6 months for the first year then annually.

Consider prostate biopsy if PSA increases by >0.5 ng/ml in first 6 months or abnormal rectal exam.

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Reference: Hsiao W, Tenover JL, Ritenour CWM: The role of testosterone replacement in contemporary urological practice. Lesson 40, Volume 27.

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