

# THE UROLOGY GROUP

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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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