

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: cetrorelix, 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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