MAXIMUM PERFORMANCE

WELLNESS CENTER

CLINIC USE

HN / file no.

Received

Reviewed by

PATIENT INTAKE FORM

Men’s pre-treatment intake

About 5 minutes. Symptom sections tell you which time frame to answer for. Your physician reviews your answers alongside your lab results and goes over them with you at your consultation, in the clinic or by LINE or WhatsApp voice call.

8 sections · 5 minutes | Completely confidential | Bangkok or Pattaya

How to return this form: fill it in on your computer, save it, then upload the saved file on the Patient Intake page of our website. Prefer your phone? Use the online form on the same page.

Women: please use the women’s intake form.

Bangkok +66 97-240-5686 (phone / WhatsApp) · LINE @maximumbangkok | Pattaya +66 82-988-3515 (phone / WhatsApp) · LINE @maximumpattaya

Fields marked * are required.

1 About you

Basic contact and demographics.

Full name *

Date of birth (DD/MM/YYYY) *

Phone / WhatsApp *

LINE ID

Email *

Preferred language

◯ English ◯ Thai ◯ Other

Preferred clinic *

◯ Bangkok ◯ Pattaya ◯ Either / not sure

Height (cm)

Weight (kg)

Waist at navel (cm), optional

What made you book this consultation?

2 Safety and lab essentials

So we can prescribe safely. All answers are confidential.

Have you ever had any of the following? Check all that apply.

☐ Prostate cancer, elevated PSA, or prostate biopsy

☐ Blood clot (DVT/PE) or high hematocrit / red blood cell count

☐ Diabetes or prediabetes

☐ Liver or kidney disease

☐ None of the above

☐ Breast cancer

☐ Heart attack, stent, bypass, or stroke

☐ Sleep apnea

☐ Depression or anxiety currently treated

If heart attack / stent / bypass / stroke, year

Current medications and supplements (name and dose)

Drug allergies (name and reaction)

☐ No known drug allergies

Do you take nitrates (such as nitroglycerin) or blood thinners?

○ Yes ○ No

For each, answer Never / Past / Current.

Testosterone (any form)	○ Never	○ Past	○ Current
Anabolic steroids or SARMs	○ Never	○ Past	○ Current
hCG, clomiphene, or enclomiphene	○ Never	○ Past	○ Current
Growth hormone or peptides	○ Never	○ Past	○ Current
Finasteride or dutasteride	○ Never	○ Past	○ Current
Thyroid medication	○ Never	○ Past	○ Current
GLP-1 medication (semaglutide, tirzepatide)	○ Never	○ Past	○ Current

Erection medication (sildenafil, tadalafil): effective?

○ Yes ○ Partly ○ No ○ Not used

If currently using testosterone or hCG: date of last dose

Time of last dose

Do you want to have children in the future?

○ Within 12 months ○ Eventually ○ No ○ Unsure

About your blood test (if you have one)

Fasting

○ Yes ○ No

Time of draw

Hard workout in the 48 hours before?

○ Yes ○ No

3 Sexual function

Answer for the past 4 weeks. Skip anything you'd rather discuss with your doctor.

Sex drive compared with 5 years ago

○ Higher ○ Same ○ Lower ○ Much lower

Morning erections

○ Daily ○ Several times a week ○ Weekly ○ Rarely ○ Never

Confidence that you can get and keep an erection (1 very low – 5 very high)	○ 1	○ 2	○ 3	○ 4	○ 5	

If you had no sexual activity in the past 4 weeks, choose 0 on the next three questions.

When stimulated, how often are erections firm enough for penetration? (1 almost never – 5 almost always)	○ 0	○ 1	○ 2	○ 3	○ 4	○ 5
How often can you keep the erection until completion? (1 almost never – 5 almost always)	○ 0	○ 1	○ 2	○ 3	○ 4	○ 5
How satisfying is intercourse for you? (1 not at all – 5 very)	○ 0	○ 1	○ 2	○ 3	○ 4	○ 5

4 Urinary

0 = Never · 1 = Rarely · 2 = Sometimes · 3 = About half the time · 4 = Often · 5 = Almost always

Feeling your bladder isn't empty after urinating	○ 0	○ 1	○ 2	○ 3	○ 4	○ 5
Weak urinary stream	○ 0	○ 1	○ 2	○ 3	○ 4	○ 5
Urgent need to urinate that is hard to delay	○ 0	○ 1	○ 2	○ 3	○ 4	○ 5
Times you get up at night to urinate	○ 0	○ 1	○ 2	○ 3	○ 4	○ 5+

5 Mood, energy and focus

Over the past 2 weeks.

0 = Not at all · 1 = Several days · 2 = More than half the days · 3 = Nearly every day

Little interest or pleasure in doing things	○ 0	○ 1	○ 2	○ 3

Feeling down, depressed, or hopeless	○ 0	○ 1	○ 2	○ 3
Low energy or fatigue	○ 0	○ 1	○ 2	○ 3
Low drive or motivation	○ 0	○ 1	○ 2	○ 3
Poor concentration, memory, or brain fog	○ 0	○ 1	○ 2	○ 3

Have others commented that you seem more irritable, withdrawn, or less social?

○ Yes ○ No

6 Sleep

Average hours of sleep per night

Sleep quality (1 very poor – 10 excellent)

Do you snore loudly, or has anyone seen you stop breathing during sleep?

○ Yes ○ No ○ Not sure

Do you often feel sleepy during the day?

○ Yes ○ No

7 Exercise and lifestyle

Resistance training (days per week)

Cardio (days per week)

Strength and recovery compared with 2 to 3 years ago

○ Better ○ Same ○ Worse

Eating pattern

○ Mixed ○ High-protein ○ Low-carb / keto ○ Intermittent fasting ○ Vegetarian / vegan ○ Other

Alcoholic drinks per week

Nicotine (smoke or vape)

○ Never ○ Former ○ Current

8 Goals

Pick up to 3 that matter most.

Your top 3 goals (choose up to 3)

- ☐ Energy
- ☐ Erections
- ☐ Muscle and strength
- ☐ Sleep
- ☐ Healthy aging
- ☐ Performance
- ☐ Libido
- ☐ Mood and motivation
- ☐ Fat loss
- ☐ Mental sharpness
- ☐ Fertility

What would you most like to be different in 6 months?

Anything else we should know?

☐ **I confirm this information is accurate. I consent to the clinic collecting and using my health information for my medical evaluation and care, as described in our Privacy Policy (on our website) and in line with Thailand's Personal Data Protection Act (PDPA). ***

Patient signature

Date

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