Health History Questionnaire for Men

Name: ________________________________ DOB: ___________ Age: ____
(Last, First, M.I.)

What brings you to the office today?

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Referred by? ____

Background information pertaining to current problem, if applicable:

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History of Genitourinary Problems/Issues:

- ☐ BPH (Benign Prostatic Hypertrophy)
- ☐ Elevated PSA
- ☐ Prostate Cancer
- ☐ Prostatitis
- ☐ Kidney Stones
- ☐ Bladder Stones
- ☐ Frequent Urinary Tract Infections
- ☐ Infertility
- ☐ Erectile Dysfunction
- ☐ Low libido
- ☐ Herpes
- ☐ HPV
- ☐ Genital Warts
- ☐ Genital Sores
- ☐ Chlamydia
- ☐ Gonorrhea

Please list all illnesses:

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Please list all surgeries:

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Please list all medications, including over the counter (list dosage and frequency also):

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Allergies:

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Family History:

Mother's Age:	Medical Issues:
Father's Age:	Medical Issues:
Brother/Sister's Age:	Medical Issues:
Brother/Sister's Age:	Medical Issues:
Brother/Sister's Age:	Medical Issues:
Brother/Sister's Age:	Medical Issues:

Social History:

☐ Non-smoker ☐ Smoker: How many packs/day? ___	☐ Non-drinker ☐ Occasional/Social ☐ Frequent/Regular
Recreational Drug Use? ☐ Yes ☐No	Exercise: ☐ None ☐1-2 times/week ☐ 3 or more times/week
Sexually Active? ☐ No ☐ Yes Length of time with current partner:	
Marital Status: ☐ Single ☐ Married—How long: ☐ Divorced ☐In a Relationship—How long:	

Review of Systems

Head/Eyes	☐ Headache ☐ Hearing Problems ☐ Visual Problems ☐ Denies all
Endocrine	☐ Excessive Thirst ☐ Heat Intolerance ☐ Cold Intolerance ☐ Increased Appetite ☐ Decreased Appetite ☐ Excessive Urination ☐ Weight Loss ☐ Weight Gain ☐ Denies All
Cardiovascular	☐ Chest Pains ☐ SOB ☐ Palpitations ☐ Irregular Heartbeat ☐ Denies All
Gastrointestinal	☐ Diarrhea ☐ Constipation ☐ Nausea ☐ Vomiting ☐ Abdominal Pain ☐ Blood in stool ☐ Heartburn/Indigestion ☐ Denies All
Genitourinary	☐ Frequent urination ☐ Urgent need to urinate ☐ Pain with urination ☐ Nighttime urination ☐ Difficulty starting urinary stream ☐ Leakage/Incontinence ☐ Blood in urine ☐ Straining to urinate ☐ Sexual difficulty ☐ Reduced urine flow ☐ Peyronie's Disease ☐ Priapism ☐ Painful erections ☐ Pain with intercourse ☐ Denies All
Musculoskeletal	☐ Muscle swelling ☐ Muscle pain ☐ Joint swelling ☐ Joint Pain ☐ Denies All
Psychological	☐ Depression ☐ Sleep disturbance ☐ Anxiety ☐ Mood Instability ☐ Attention problems ☐ Excessive Stress ☐ Denies All

(For Physician Use Only)

Office Notes:

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