



Date: \_\_\_\_\_  
 Name: (Last, First) \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_  
 BMI: \_\_\_\_\_

**Male - Patient Health History**

Have you had a comprehensive physical exam within the last 12 months? Yes  No   
 Have you had an EKG in the last 12 months? Yes  No   
 If Yes, was it normal? Yes  No   
 Have you had any of the following in the last 12 months?  
 CBC  Endoscopy  Lipid Profile  Glucose Test  PSA  
 Have you had a prostate exam in the last 12 months? Yes  No   
 If Yes, was it normal? Yes  No

**Allergies to Medications**

Medication Name	Reaction

**Dietary Supplements - Hormones**

Medication Name	Strength	Frequency

**History of Cardiac Disorder / Event  Negative**

- Heart Failure (Congestive Heart Failure)
- Coronary Artery Bypass Graft Surgery (CABG)
- Cardiomyopathy
- Aortic Valve Disorder
- Mitral Valve Disorder
- Endocarditis
- Cerebrovascular Accident (Stroke, Mini-stroke/TIA, Hemorrhage)
- Cardiac Arrhythmia (Atrial Fib/Flutter, Tachycardia)
- Myocardial Infarction (Heart Attack)
- Pacemaker/Defibrillator Placement
- Thrombosis / Embolism (Blood Clot)

**Past Medical History**  **Negative**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Hypogonadism                                     | <input type="checkbox"/> Headaches (Frequent)    | <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Dizziness with Standing                                    |
| <input type="checkbox"/> Chronic Kidney Disease                           | <input type="checkbox"/> Seizures                | <input type="checkbox"/> Blood Clot             | <input type="checkbox"/> Irritable Bowel Syndrome                                   |
| <input type="checkbox"/> Abnormal Liver Function                          | <input type="checkbox"/> Diabetes Type I         | <input type="checkbox"/> DVT/Pulmonary Embolism | <input type="checkbox"/> Excessive Sweating   |
| <input type="checkbox"/> High Blood Pressure                              | <input type="checkbox"/> Diabetes Type II        | <input type="checkbox"/> Chest Pain             | <input type="checkbox"/> Neuropathy in Extremities                                  |
| <input type="checkbox"/> Low Blood Pressure                               | <input type="checkbox"/> Mumps                   | <input type="checkbox"/> Stroke or TIA          | <input type="checkbox"/> Obesity  |
| <input type="checkbox"/> High Cholesterol                                 | <input type="checkbox"/> HIV                     | <input type="checkbox"/> Heart Failure (CHF)    | <input type="checkbox"/> Pain in Extremities  |
| <input type="checkbox"/> Peripheral Artery Disease                        | <input type="checkbox"/> Anxiety                 | <input type="checkbox"/> Heart Attack           | <input type="checkbox"/> Lack of Sweating   |
| <input type="checkbox"/> Snoring  | <input type="checkbox"/> Depression              | <input type="checkbox"/> Acid Reflux            | <input type="checkbox"/> Blurry Vision  |
| <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> CPAP in Use | <input type="checkbox"/> Enlarged Thyroid        | <input type="checkbox"/> Prostate Cancer        | <input type="checkbox"/> Blueish Fingers/Toes when Cold                             |
|   | <input type="checkbox"/> Hypothyroidism          | <input type="checkbox"/> Enlarged Prostate      | <input type="checkbox"/> Neuro-degenerative Disease (Parkinson's, Alzheimer's, ALS) |
|   | <input type="checkbox"/> COPD/Emphysema          | <input type="checkbox"/> Bleeding Disorder      |   |
|   | <input type="checkbox"/> Insomnia/Sleep Disorder | <input type="checkbox"/> Excess Iron Buildup    |   |
|   | <input type="checkbox"/> Hyperthyroidism         | <input type="checkbox"/> Anemia                 |   |
|   |  | <input type="checkbox"/> Cancer                 |   |
|   |  | <input type="checkbox"/> Gout                   |   |

**Past Surgical History**  **No History of Genitourinary Surgery**

- Vasectomy
- Other urinary system surgeries: \_\_\_\_\_
- Other surgeries: \_\_\_\_\_