Thank you for carefully answering each question!

***Patient:** Blue ink,*
***Doctor:** Red ink*

Patient Name:_____Date:_____

Male Health History Form (*Page 1*):

Please answer the following questions as they relate to you, past or present:

1. Are you able to have a morning erection every morning? ☐No. ☐Yes.
2. Do your erections maintain their usual fullness? ☐No. ☐Yes.
3. Do your erections sustain for a normal duration? ☐No. ☐Yes.
4. Have you noticed spells of mental fatigue? ☐No. ☐Yes.
5. Has your libido or sex drive decreased? ☐No. ☐Mildly. ☐Moderately. ☐Severely reduced or non-existent.
6. Do you have trouble concentrating? ☐Never. ☐Occasionally. ☐Sometimes. ☐Very often.
7. Do you have episodes of depression? ☐Never. ☐Occasionally. ☐Sometimes. ☐Very often.
8. Have you noticed decreased physical stamina? ☐No. ☐Yes.
9. Do you experience muscle soreness (not related to exercise)? ☐No. ☐Yes.
10. Have you had an unexplained weight gain? ☐No. ☐Yes.
11. Have you had episodes of sweating in unexpected situations? ☐No. ☐Yes.
12. Are you experiencing emotional outbursts? ☐No. ☐Yes.
13. Have you noticed a need to urinate much more frequently than before? ☐No. ☐Yes.
14. Are you experiencing urine dribbling throughout your day? ☐No. ☐Yes.
15. Do you need to strain to start your urinary stream? ☐No. ☐Yes.
16. When you urinate, can you completely empty your bladder? ☐Only a small amount. ☐About half can come out. ☐Yes.
17. Does the need to urinate wake you up at night? ☐No. ☐Yes. If yes then how often?_____.
18. Do you experience a sudden & urgent need to urinate quickly? ☐No. ☐Yes.
19. Is it difficult to initiate a urinary stream? ☐No. ☐Yes.
20. Have you noticed pain inside your legs? ☐No. ☐Yes.
21. Have you noticed pain inside your heels? ☐No. ☐Yes.
22. Do your legs get nervous at night? ☐No. ☐Yes.
23. Do you experience uncontrollable urinary leaking from a full bladder that does not empty well? ☐No. ☐Yes.
24. Are you sometimes unaware that your bladder is full until it starts to leak? ☐No. ☐Yes.
25. Is the urge to urinate come on suddenly and very intense, but voiding is never complete? ☐No. ☐Yes.
26. When you urinate do you experience an intense need, but only a small dribble? ☐No. ☐Yes.
27. Have you observed any abnormal sweating? ☐No. ☐Yes.
28. Have you experienced recent headaches? ☐No. ☐Yes, describe:_____.
29. Do you also experience difficulty with controlling bowel movements? ☐No. ☐Yes.
30. Does your ejaculation or orgasm occur earlier than desired by you and your partner? ☐No. ☐Yes. ☐Not applicable.
31. If yes to #30, is this a lifelong problem? ☐No. ☐Yes.
32. If yes to #30, is this associated with anxiety of another problem? ☐No. ☐Yes, explain:_____.
33. If yes to #30, is this associated with any major life stressors? ☐No. ☐Yes, explain:_____.
34. If yes to #30, does this ever prevent sexual intercourse from occurring? ☐No. ☐Yes.
35. If yes to #30, does this occur with self stimulation (masturbation)? ☐No. ☐Yes.
36. On average, how long does it take for your climax reached after sexual intercourse is initiated? ☐Less than 1 minute. ☐1-2 minutes. ☐2-10 minutes. ☐10-20 minutes. ☐20 minutes or more. ☐Not applicable.
37. Anything else?_____

_____

_____

Doctor's Notes:_____

_____

_____

_____

Doctor's Initials:_____