

## MALE ~ REPRODUCTIVE HEALTH HISTORY

*Check and Describe* those symptoms as *applicable*

Headaches: Migraine\_\_\_\_\_Tension\_\_\_\_\_Cluster\_\_\_\_\_Low back pain\_\_\_\_\_ Sore heels\_\_\_\_\_

Varicose Veins \_\_\_\_\_ Location\_\_\_\_\_

Numbness in legs/feet \_\_\_\_\_

Family History of Prostate Disease:\_\_\_\_\_Type\_\_\_\_\_Relationship\_\_\_\_\_

Family History of Cancer\_\_\_\_\_Type\_\_\_\_\_Relationship\_\_\_\_\_

History of sexually transmitted disease\_\_\_\_\_When\_\_\_\_\_Type\_\_\_\_\_

Rate your interest in Sex:

High\_\_\_\_\_Moderate\_\_\_\_\_Low\_\_\_\_\_None\_\_\_\_\_

Do you have or ever had difficulty experiencing orgasms\_\_\_\_\_

Have you experienced a history of rape\_\_\_\_\_trauma\_\_\_\_\_incest\_\_\_If so,-when\_\_\_\_\_

Did you undergo counseling for this\_\_\_\_\_

What was this like for you\_\_\_\_\_

### Urinary Symptoms (*circle those applicable*)

Painful urination

Bladder/Kidney infections

Frequent Urination

Nocturnal Urination/ Frequency\_\_\_\_\_

Changes in urinary stream (describe flow, stream, strength of stream)\_\_\_\_\_

When did you first notice these symptoms\_\_\_\_\_

Are they getting better or worse\_\_\_\_\_Describe\_\_\_\_\_

### Erectile Function(*describe as indicated*)

Difficulty obtaining an erection

Difficulty maintaining an erection

Painful ejaculation

Is there a history of back

injury/trauma\_\_\_\_\_Describe:\_\_\_\_\_

When did you first notice these symptoms\_\_\_\_\_

Are they getting better or

worse\_\_\_\_\_Describe\_\_\_\_\_

Current Medications or Supplements:\_\_\_\_\_

Results of PSA (prostate specific antigen) Test if known\_\_\_\_\_Date done\_\_\_\_\_

Results of Sperm count (if applicable and known)\_\_\_\_\_Date done\_\_\_\_\_

AdditionalComments:

