

MALES ONLY:

Enlarged Prostate	Yes	No	History of Prostate Infection(s)	Yes	No
Prostate Cancer	Yes	No	Vasectomy	Yes	No
Bladder Cancer	Yes	No	History Infertility	Yes	No
Testicular Cancer	Yes	No	Difficulty Starting/Stopping Urine Stream	Yes	No
Swollen or Painful Testicles	Yes	No	Penile Discharge	Yes	No
Low Libido	Yes	No	Abnormal PSA	Yes	No
Erectile Dysfunction	Yes	No	Morning Erections	Yes	No
Loss of Motivation	Yes	No	Recurrent UTIs	Yes	No
Premature Ejaculation	Yes	No	Sexually Active Monogamous Non-Monogamous	Yes	No
Undescended Testicle(s)	Yes	No	STD Treatment	Yes	No
Digital Rectal Exam Date Done: _____	Yes	No	Unable to Orgasm	Yes	No
Lumps in Testicle(s):	Yes	No	Children: #: _____	Yes	No
Other:	Yes	No	Other:	Yes	No
Other:	Yes	No	Other:	Yes	No

Past or Present Hormone Replacement Therapy:

Please Provide Details for Any **Yes** Answers:

Provider Notes:
