Center for Sexual & Urinary Function

# **MALE** Medical History Questionnaire

## Have you had any of the following problems in the last year?

**GENERAL**
- ☐ Excessive fatigue
- ☐ Unexplained loss of weight
- ☐ Chills or fever

**NEUROLOGICAL**
- ☐ Trouble sleeping
- ☐ Numbness or tingling
- ☐ Shooting pains

**PSYCHIATRIC**
- ☐ Worries or fears
- ☐ Depressed feelings
- ☐ Psychiatric care or treatment

**EARS, NOSE AND THROAT**
- ☐ Hearing loss
- ☐ Nose bleeds
- ☐ Blocked sinuses

**EYES**
- ☐ Changes in you sight
- ☐ Changes in your vision
- ☐ Glaucoma

**RESPIRATORY SYSTEM**
- ☐ Wheezing or asthma
- ☐ Shortness of breath
- ☐ Chronic persistent cough

**CARDIOVASCULAR SYSTEM**
- ☐ Chest pain or tightness
- ☐ Rapid or irregular heart beats
- ☐ High blood pressure
- ☐ Foot or ankle swelling

**DIGESTIVE TRACT**
- ☐ Nausea
- ☐ Heartburn
- ☐ Gas or bloating
- ☐ Constipation
- ☐ Diarrhea

**BONES AND JOINTS**
- ☐ Joint pain
- ☐ Back pain
- ☐ Muscle weakness
- ☐ Broken bones

**MALE REPRODUCTIVE**
- ☐ Difficulties with erection (Request **IIEF** questionnaire)
- ☐ Diminished sexual drive (Request **AMS** questionnaire)
- ☐ Ejaculation problems ( (Request **PEP** questionnaire)

**UROLOGICAL**
- ☐ Blood in the urine
- ☐ Problem urinating (Request **ICS** questionnaire)
- ☐ Pelvic pain/voiding problems (Request **CPSI** questionnaire)
- ☐ Involuntary urine leakage (Request **ICS** questionnaire)
- ☐ Urinary infection
  - ☐ of kidney
  - ☐ of bladder
- ☐ Urinary stones
  - ☐ in kidney
  - ☐ in ureter
  - ☐ in bladder

**SKIN**
- ☐ Sensitive skin
- ☐ Skin rash
- ☐ Non healing sores

**ENDOCRINE SYSTEM**
- ☐ Excessive thirst
- ☐ Thyroid problems
- ☐ Steroid use
- ☐ Diabetes

**LYMPH & HEMATOLOGICAL**
- ☐ Anemia
- ☐ Easy bruising or bleeding
- ☐ Enlarged lymph glands
- ☐ Blood transfusion

| **PATIENT NAME** | **AGE** |
|---|---|
| | 2018 |