

**MALE MEDICAL HISTORY**

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

What is the reason for your visit today? \_\_\_\_\_

Please list any allergies, including drug, metal, skin allergies or irritants, or rubber/latex sensitivity:

**PERSONAL HISTORY**

Do you or your partner use birth control now? Y N  
What is your present method of birth control?  
\_\_\_\_\_

How long have you used this method? \_\_\_\_\_  
Are you satisfied with this method? Y N

Do you smoke? Y N Amount \_\_\_\_\_pk/day

Do you drink alcohol? Y N Amount/day \_\_\_\_\_

Do you use street drugs or inject any drugs? Y N

Have you been physically or sexually abused? Y N

Did you receive counseling? Y N

Do you feel safe at home? Y N

Do you feel safe in your current relationship? Y N

Do you exercise regularly? Y N

Do you wear your seatbelt? Y N

**HAVE YOU OR ANY BLOOD RELATIVE HAD ANY OF THE FOLLOWING:**

Diabetes Y N Whom \_\_\_\_\_

Cancer Y N Whom \_\_\_\_\_

High Blood Press. Y N Whom \_\_\_\_\_

Heart Disease Y N Whom \_\_\_\_\_

Are you currently being treated for any condition by your family doctor now? Y N

What is the condition? \_\_\_\_\_  
\_\_\_\_\_

Surgical History: \_\_\_\_\_  
\_\_\_\_\_

List any medications, including herbs and over the counter:  
\_\_\_\_\_

**SEXUAL HISTORY**

Do you have sex with?

Men  Women  Both

Circle any symptom you have had or have now:

Are you sexually active now? Y N

Circle the type(s) of sexual intercourse you engage in:

Vaginal Anal Oral

painful urination frequent urination

bumps or sores on your penis

Have you had:

A new sex partner in the last 60 days? Y N

A sex partner with multiple partners in the past 30 days? Y N

No. of partners this year: \_\_\_\_\_

No. of lifetime partners: \_\_\_\_\_

Have you ever been tested for HIV/AIDS? Y N

Has your partner(s) had more than one sexual partner in the past three months? Y N

Has your partner(s) recently been treated for a sexually transmitted disease? Y N

Urinating during the night painful ejaculation

discharge from the penis blood in your urine

Have you urinated in the last hour? Y N

QUESTIONS/CONCERNS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

