MALE WELL VISIT HEALTH HISTORY

Name:____

Date:____ Age:__________

REVIEW OF SYSTEMS: (please check if you are experiencing any of the following)

Fatigue	Hoarseness	Black, Tarry stool	Fainting
Night Sweats	Chronic Cough	Rectal Bleeding	Anxiety
Weight Gain/Loss	Wheezing	Urine stream normal?	Sleep Disturbance
Changing Moles	Chest Pain	Penile Discharge	Depression
Skin Lesions	Leg Swelling	Testicular Mass	Sexual Dysfunction
Rash	Palpitations	Testicular Pain	Easy Bruising
Headaches	Shortness of Breath	Joint Pain	Enlarged Glands
Visual Changes	Abdominal Pain	Joint Swelling	OTHER:
Hearing Decrease	Bowel Changes	Muscle Weakness	
Sinusitis (recurs?)	Constipation	Dizziness	

ALLERGIES (please list type of reaction e.g. hives, rash etc.)

MEDICATIONS (please list all current meds including vitamins and supplements)

ROUTINE HEALTH MAINTENANCE (please list date and results of last exam if known)

Cholesterol Test	
Colon Cancer Screening -stool cards or colonoscopy (age 50)	
Eye Exam	Do you wear corrective lenses?
Prostate Cancer Screen (PSA blood test)	
Tetanus Booster	
Dental Exam	

SOCIAL HISTORY

Alcohol use: ___none ___1-2 drinks/week ___ 3-5 drinks/week ____>6 drinks/week

Drug Use:____

Exercise: ____none ____1-2 times/week ___3-5 times/week ____ >6 times /week. Type:____________

Safety:

Are there guns in your home? ____ Are they locked up? ____

Do you wear seatbelts in the car? ___

Do you have smoke detectors in your home? _____

Do you wear helmet when riding bicycle or motorcycle? ____

Sexual Activity:

Currently active? _____ new partner? ______ using condoms?______ Birth control type? ______

Tobacco Use: Currently smoking? ____ # of packs per day _____ Years of smoking ______

Interested in quitting? _____

FAMILY HISTORY (please indicate if on mother's side or father's side of the family)

Alcohol Abuse	Prostate Cancer
Benign Prostate Enlargement	Rheumatoid Arthritis or Lupus
Brain Cancer	Stomach Cancer
Colon Cancer	Stroke
Heart Disease/Attack	Testicular Cancer
Depression	Thyroid Cancer
Diabetes	Thyroid Disease
High Cholesterol	Tuberculosis
High Blood Pressure	Other:
Lung Cancer	
Melanoma	

Is there anything else you would like us to know?