

Medical History - Male

Name _____ Date of Birth _____ Date _____
Family Doctor _____ Other doctors _____

GENERAL HISTORY

Please circle any of the following that apply to you:

- High blood pressure, Heart disease, Heart attack, Heart murmur, Rheumatic fever, High cholesterol, Diabetes, Thyroid disease, Sleep disruption/insomnia, Stroke, Blood clots, Bleeding disorder, Anemia, Asthma, Chronic lung disease, Tuberculosis, Kidney disease, Cancer, Breast, Colon, Prostate, Other cancer, Depression, Anxiety, Ulcers, Irritable bowel syndrome, Hepatitis, Migraines, Seizure disorder, Osteoporosis, Arthritis, GERD

Other: _____
Physical or sexual abuse, past or present, can create serious physical or emotional problems for men. If this is an issue you would like to discuss, please indicate with a checkmark here []

SURGICAL HISTORY

Please circle any of the following that apply to you:

- Tonsils removed, Appendix removed, Gallbladder removed, Hernia repair, Thyroid surgery, Other surgeries: _____

Medication Allergies [] None []

MEDICATIONS

Please include dose and frequency, including over the counter medications, vitamins, supplements and herbals

Blank lines for listing medications, doses, and frequencies.

FAMILY HISTORY

Please include cancer, heart disease, diabetes, high blood pressure, blood clots and any other significant family history:

Mother: _____ Father: _____
Grandparents: _____ Sisters/Brothers: _____

SOCIAL HISTORY

Please circle: Single Married Divorced Widowed Same-sex relationship
Tobacco: [] None [] Former smoker [] Current smoker ___ packs per day
Alcohol: [] None [] Socially [] Other: _____ Amount: _____ drinks per day
Drug use: [] None [] Former use [] Other: _____
Occupation: _____ Sexually active: Yes No
Exercise: Yes No Type _____ Frequency _____

PREVENTIVE HEALTH HISTORY

Last PSA: _____

Last diabetes screening: _____

Last cholesterol screening : _____

Last thyroid screening: _____

REVIEW OF SYSTEMS

Please circle any of the following that apply to you:

Constitutional: Fever Weight gain Weight loss Fatigue

Integumentary: Changes in moles Rashes Skin lesions

Cardiovascular: Chest pain Swelling Valve disorders

Respiratory: Shortness of breath Wheezing Cough Bloody sputum

Gastrointestinal: Nausea Vomiting Bloating Diarrhea Constipation Blood in stool Black or tarry stool

Genitourinary: Burning or pain with urination Frequency Urgency Blood in urine Penile discharge Erectile dysfunction

Hematologic/Lymphatic: Blood clots Swollen lymph nodes Bruising easily

Endocrine: Excessive thirst Excessive hunger Excessive urination Hot flushes Cold intolerance Heat intolerance

Musculoskeletal: Joint pain Muscle pain Weakness

Neurological: Headaches Fainting Seizures

Psychiatric: Depression Anxiety Suicidal thoughts or plans

None of the above