

MALE HISTORY

NAME: _____ DATE: _____

Please circle **ONLY** if applicable.

PAST MEDICAL HISTORY

High blood pressure	Kidney problems	Live with someone with TB or exposed to TB
High Cholesterol	Bladder problems	Patient or partner has a history of genital herpes
Heart disease (CAD)	Liver disease	Syphilis
Angina	Colon problems	Tuberculosis
Heart attack	Sexually transmitted disease	Eczema/atopic dermatitis
Stroke	Anxiety	Obstructive sleep apnea
TIA	Depression	Pneumonia
Diabetes	Exposure to hazardous substance	Atherosclerosis
Thyroid disease	Positive TB skin test	Chronic kidney disease
Cancer of the colon	Chest x-ray	Coronary Angiogram
Cancer of the lung	EKG	Heart failure
Cancer of the prostate	Test for occult blood in stool	Peripheral vascular disease
Glaucoma	Colonoscopy - Date:	Diabetic eye exam
Migraine	Prostate exam - Date:	Vasectomy
Seizures	PSA - Date:	Large prostate
Arthritis	Eating disorder	Varicose vein operation
Osteoporosis	Hernia	Testicular cancer
Anemia	Chlamydia	Mumps
Blood clots	Condyloma	Infectious mononucleosis
COPD	Gonorrhea	Testicular injury
Asthma	Hepatitis B	Undescended testicle
Hay fever	Hepatitis C	
GERD	HIV	

Prostatitis
Unspecified other nongonococcal urethritis (NGU)
Urinary tract infection, site not specified
Bleeding disorder
Autoimmune disease
Impotence of organic origin
Other

Tonsillectomy
Total hip replacement
Total knee replacement
Trigger finger release
Vasectomy
Varicocele surgery
Anesthesia complications
Laser surgery
Plastic surgery
Bronchoscopy

Hypertension
Osteoporosis
Pulmonary embolism/DVT
Stroke
Thyroid disease
Blindness, early onset
Deafness, early onset
Cancer of the lung
Psychiatric condition
Tuberculosis

SURGICAL HISTORY

Aortic valve replacement
Appendectomy
Back surgery
Cardiac pacemaker
Carpal tunnel release
Cataract extraction
Cholecystectomy
Colectomy
Coronary artery bypass graft
Deviated septum repair
Hemorrhoidectomy
Hernia repair
Lasik
Lens implants
Lobectomy
Mitral valve replacement
Miringotomy and insertion of T tube
Prostate surgery
Thyroid cysts, aspiration
Thyroidectomy

Lung biopsy
Cardiac stent
Carotid endarterectomy
Percutaneous transluminal coronary angioplasty (PTCA)
Peripheral arterial bypass/stint
Other

Other

SOCIAL HISTORY

Current every day smoker
Current some day smoker
Former smoker
Never smoked
Other tobacco use
Passive smoker
Alcohol use
Do you have more than 2 alcoholic drinks a day?
Do you drink heavy on weekends?
Past drug use
Current drug user
Seat belt use
Follows a diet
Employed
Sexual relations with someone who used intravenous drugs
Sexual relations with someone who had a sexually transmitted disease

FAMILY HISTORY

Alcoholism
Anemia
Cancer of the colon
Cancer of the prostate
Cancer of breast
Cancer, other unspecified
Colon polyps
Diabetes
Glaucoma
Heart disease (CAD)
High cholesterol

Do you exercise regularly?

Do you exercise 5 or more times a week?

Have you ever been physically or emotionally abused?

Do you feel threatened by your current relationship?

Have you worked with chemicals, paints, pesticides, asbestos, leads, distilled products of oil or other hazardous materials?

Sexually active

Heterosexual

Homosexual

Married

Divorced

Single

Widowed

Do you have a living will?