

Page 6. Case Study Intake Form

Male Reproductive Health History

Please check the symptoms below that apply:

SYMPTOM/CONDITION	PAST	PRESENT	SYMPTOM/CONDITION	PAST	PRESENT
Painful urination			Urinary retention		
Urinary incontinence or dribbling			Difficult starting or holding urine stream		
Weak or interrupted urine flow			Blood or pus in urine		
Pain or burning with urination			Pelvic pressure		
Nocturnal urination How many times?			Insatiable sex drive		
Pain in lower back, especially after intercourse			Pain or discomfort between scrotum and testicles		
Pain or discomfort in: Penis Testicles Rectum			Pain or discomfort in inner thighs Left Right Both		
Frequent bladder or kidney infections When?			Erection Difficulty in obtaining Maintaining Painful ejaculation		

Results of PSA (prostate-specific antigen) test if known _____ Date done _____

Results of sperm count (if applicable and known) _____ Date done _____

Family history of prostate disease: Yes ___ No ___ Type _____ Relationship _____

Family history of cancer: Yes ___ No ___ Type _____ Relationship _____

Sexually transmitted disease: Yes ___ No ___ Type if known _____

Rate your interest in sex: High _____ Moderate _____ Low _____ None _____

Do you have a history of trauma? _____ Describe _____

Did you undergo counseling for this? _____

What was this like for you? _____

Additional comments: