_____

Last name

| Yes | No | URINARY SYMPTOMS | *Add any comments in this column:* |
|---|---|---|---|
| | | **NOCTURIA** - getting out of bed at night to urinate. Times / night _____. | |
| | | Do you drink fluids within 2 hr from bedtime? | |
| | | **FREQUENCY** - daytime frequent urination ( > every 3hr ). Every _____ hrs. | |
| | | **URGENCY** - a sudden strong desire to urinate. | |
| | | **URGE INCONTINENCE** - urgency followed by leaking . | |
| | | **SLOW URINARY FLOW** | |
| | | **SENSATION OF INCOMPLETE BLADDER EMPTYING** | |
| | | **STRESS INCONTINENCE** - leaking with a cough or laugh. | |
| | | Have you ever been in **URINARY RETENTION** – required a catheter because you could not urinate. | |
| | | Have you ever seen a **urologist** before today? | |
| | | | |

| Yes | No | ERECTILE DYSFUNCTION | |
|---|---|---|---|
| | | Are you having problems with **ERECTILE DYSFUNCTION**? | If you have no ED skip to the next section |
| Which drug have you tried? : ☐ none ☐ Viagra ☐ Levitra ☐ Cialis | | | |
| Which one worked without significant side effects? : ☐ none ☐ Viagra ☐ Levitra ☐ Cialis | | | |
| Mark any other treatments tried: ☐ Vaccum Device ☐ MUSE ☐ Penile Injections ☐ Penile prosthesis | | | |
| Mark any of the following risk factors for ED that you might have: ☐ Blood Pressure Medications ☐ Diabetes ☐ High Cholesterol ☐ Had a heart attack, cardiac stents or bypass surgery. ☐ Peripheral artery disease ☐ Smoking or chewing tobacco ☐ Prostate or colorectal surgery ☐ Prostate cancer ☐ Low Tesosterone | | | |
| | | Have you had your Testosterone checked? Results : ☐ Low ☐ Normal ☐ High ☐ Do not know | |
| Which treatment would you like to try? ☐ Pills ☐ Vaccum Device ☐ MUSE ☐ Penile Injections ☐ Penile prosthesis | | | |

| Yes | No | HAVE YOU EVER HAD? : | *Add any comments in this column:* |
|---|---|---|---|
| | | Blood in the urine. | |
| | | Kidney stones. | |
| | | Elevated PSA. | |
| | | A biopsy of the prostate. | |
| | | An abnormal prostate exam. | |
| | | Chronic Prostatitis. | |
| | | Bladder, kidney or urine infections. | |
| | | Testicular Pain. | |
| | | Surgery of the prostate, kidneys, bladder, testicles or penis. | |
| | | Cancer of the prostate, kidneys, bladder, testicles or penis. | |
| | | Colon cancer surgery and or radiation. | |