

Medical History & Physical – Male

Patient Name: _____

Date: _____

Any known drug/food allergies: _____

Do you have a latex or adhesive tape allergy? () Yes () No Have you ever had any issues with anesthesia? () Yes () No

If yes please explain: _____

Medications Currently Taking: _____

Nutritional/Vitamin Supplements: _____

Current Hormone Replacement Therapy: _____

Past Hormone Replacement Therapy: _____

Have you been on Accutane within the last 6 mo-1 year? _____

Surgeries, list all and when: _____

Other Pertinent Information: _____

Medical Conditions:

- () High blood pressure
 - () Arrhythmia
 - () Heart bypass
 - () Hypertension
 - () Fibromyalgia
 - () Thyroid disease
 - () Depression/anxiety
 - () Stroke and/or heart attack
 - () Hemochromatosis
 - () Cold Sores
 - () Testicular/Prostate Cancer
 - () Hernia Type: _____
 - () Blood clot and/or a pulmonary emboli
 - () Any form of Hepatitis or HIV
 - () Epilepsy or history of seizures
 - () Chronic liver disease (hepatitis, fatty liver, cirrhosis).
 - () Lupus/MS/ALS/Other: _____
 - () Cancer (type): _____ Year: _____
- () Pacemaker
 - () Metal Implants
 - () High cholesterol
 - () Heart Disease
 - () Diabetes
 - () Arthritis
 - () Psychiatric Disorder
 - () Elevated PSA
 - () Prostate Enlargement
 - () Shingles

Habits:

- () I smoke cigarettes or cigars ___ per day.
- () I drink alcoholic beverages ___ per week.
- () I drink more than 10 alcoholic beverages per week.
- () I use caffeine _____ a day.

Social:

- () I am sexually active.
- () I want to be sexually active.
- () I have completed my family.
- () My sex has suffered.
- () I haven't been able to have an orgasm.

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or complications from your treatment that may be irreversible. The treatments I receive here are voluntary and I release this institution, all employees and contractors from liability and assume full responsibility thereof.

Client Signature: _____ Date: _____