Name:_____ Date_____

Male Reproductive & Urogenital - Part 1a

Primary Complaint: Prostatitis - Erectile Dysfunction - Impotence - Premature Ejeculation - Incontinance - Other

Instructions: There are nine (9) pages of 'Fill-In' pdf forms. Please provide as much information as possible - this is your opportunity to tell me what has been occurring in the past, your current condition as well as concerns you have for your future should this condition continue.

Name your Primary Complaint: ☐ Prostatitis - BPH ☐ Painful Urination ☐ Incontinance - Dribbling
☐ Premature Ejaculation ☐ Erectile Dysfunction ☐ Impotence ☐ Other_____

Indicate all abnormalities or exacerbated conditions that occur simultaneously with your Primary Complaint:

☐ Balance	☐ Appetite	☐ Blood pressure	☐ Energy	☐ Addiction	☐ Fertility
☐ Hearing	☐ Defecation	☐ Arrythmias	☐ Libido	☐ Attitude change	☐ Pain (physical)
☐ Smell	☐ Digestion	☐ Angina	☐ Menses	☐ Behavior change	☐ Twitching-Tics
☐ Speech	☐ Thirst	☐ Breathing	☐ Vaginal fluids	☐ Cravings	☐ Hiccups
☐ Swallowing	☐ Urination	☐ Skin	☐ Semen flow	☐ Emotions	☐ Self Esteem
☐ Taste	☐ Bleeding	☐ Hair	☐ Sleep	☐ Mental function	☐ Self Image
☐ Touch	☐ Mucus flow	☐ Nails	☐ Excess naps	☐ Memory	☐ Motivation
☐ Vision	☐ Swelling			☐ Pain (from emotions)	

Is this your first time seeking treatment for the primary complaint? ☐ Yes ☐ No, I have sought _____ prior.
No. of times

When did the primary complaint become disruptive to your ADL, caused significant impairment or prompted treatment?
_____
How many days, weeks, months or years ago or the date.

When did the primary complaint or associated symptoms begin before the condition became disruptive to your Activities of Daily Living or caused significant impairment?
_____
Indicate the number of days, weeks, months or years or the date.

How frequently does the primary complaint or associated symptoms interfere with Activities of Daily Living?
_____
Indicate number of minutes, hours in a day or number of days/weeks

What do you think is the origin or cause of the primary complaint? _____
_____

What provides relief to the primary complaint? _____
_____
_____
_____

Please answer the following:

Are you willing to have blood tests?	☐ No	☐ Yes	☐ Unknown
Did you have a vasectomy?	☐ No	☐ Yes	☐ Unknown
Do you have a hernia?	☐ No	☐ Yes	☐ Unknown
Do you have both testicles?	☐ No	☐ Yes	☐ Unknown
Do you have painful ejaculations?	☐ No	☐ Yes	☐ Unknown
Are you gluteomorphin reactive?	☐ No	☐ Yes	☐ Unknown
Are you caseomorphin reactive?	☐ No	☐ Yes	☐ Unknown
Do you have a food allergy?	☐ No	☐ Yes	☐ Unknown
Are you on prescription medication?	☐ No	☐ Yes	☐ Unknown
Are you taking OTC medicines?	☐ No	☐ Yes	
Are you taking illicit drugs?	☐ No	☐ Yes	
Are you taking herbs?	☐ No	☐ Yes	
Do you smoke tobacco?	☐ No	☐ Yes	
	☐ No	☐ Yse	

If you need to include more information, write it in a MSWord documents and title it with your name and Primary Complaint. Example: John_Doe_ Male Repro Urogen Part 1a

Name:_____ Age:____ Date:_____

Male Reproductive & Urogenital - 1b

Primary Complaint: Painful Urination - Difficulty Urinating - Incontinence - Recurrent UTI
Prostatitis - Erectile Dysfunction - Post Vasectomy Complications - Impotence - Infertility

1. In the last week, have you experienced any pain or discomfort in the following areas?

a. Area between rectum and testicles (perineum)	2 - yes ☐	1 - no ☐
b. Testicles	2 - yes ☐	1 - no ☐
c. Tip of the penis (not related to urination)	2 - yes ☐	1 - no ☐
d. Below your waist, in your bladder or pubic area	2 - yes ☐	1 - no ☐

2. In the last week, have you experienced:

a. Pain or burning during urination	2 - yes ☐	1 - no ☐
b. Pain or discomfort during or after sexual climax (ejaculation)	2 - yes ☐	1 - no ☐

3. How often have you had pain or discomfort in any of these areas over the last week?

a. Never	1 ☐
b. Rarely	2 ☐
c. Sometimes	3 ☐
d. Often	4 ☐
e. Usually	5 ☐
f. Always	6 ☐

4. Which number best describes your <u>AVERAGE</u> pain or discomfort on the days that you had it, over the last week?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

No Pain — Need OTC Pain Relief — Need Hospital for Pain Relief

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Male Repro & Urogen Male Part 1b

Name:_____ Age:____ Date:_____

Urination

5. How often have you had a sensation of not emptying your bladder completely after you finish urinating, over the last week?

a. Not at all	0 ☐
b. Less than 1 times in 5.	1 ☐
c. Less than half the time.	2 ☐
d. About half the time.	3 ☐
e. More than half the time.	4 ☐
f. Almost always.	5 ☐

6. How often have you had to urinate again less than two hours after you finished urinating, over the last week?

a. Not at all	0 ☐
b. Less than 1 times in 5.	1 ☐
c. Less than half the time.	2 ☐
d. About half the time.	3 ☐
e. More than half the time.	4 ☐
f. Almost always.	5 ☐

Impact of Symptoms

7. Do you refrain from activities due to the concern you could cause damage?

☐ **No** ☐ **Yes** **Specify**_____

7a. How much have your symptoms kept you from doing things you would usually do, over the last week?

a. None	0 ☐
b. Only a little	1 ☐
c. Some	2 ☐
d. A lot	3 ☐

8. How much did you think about your symptoms, over the last week?

a. None	0 ☐
b. Only a little	1 ☐
c. Some	2 ☐
d. A lot	3 ☐

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Repro & Urogen Male Part 1b

Name:_____ Age:____ Date:_____

Quality of Life

9. If you were to spend the rest of your life with your symptoms just the way they have been during the last week, how would you feel about that?

a. Delighted	0 ☐
b. Pleased	1 ☐
c. Mostly satisfied	2 ☐
d. Mixed (about equally satisfied and unsatisfied)	3 ☐
e. Unhappy	4 ☐
f. Terrible	5 ☐

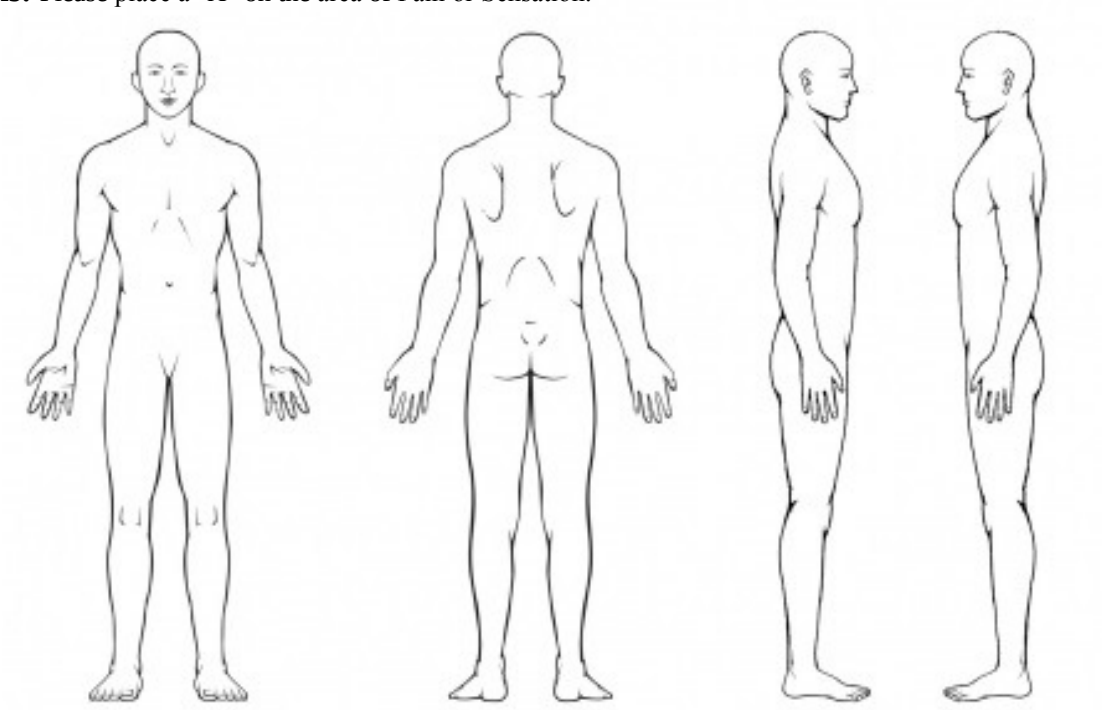
If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Repro & Urogen Male Part 1b

Name:_____ Date_____

Male Reproductive & Urogenital - Part 1c

Prostatitis - Erectile Dysfunction - Impotence - Premature Ejeculation - Incontinance - Other

Instructions: Please place a "X" on the area of Pain or Sensation.



Front Rear Right Left

Type of Pain or Sensation:

- ☐ Sharp
- ☐ Shooting
- ☐ Throbbing
- ☐ Burning
- ☐ Dull
- ☐ Aching
- ☐ Tingling
- ☐ Numbness
- ☐ Cramping
- ☐ Tightening
- ☐ Stiffness
- ☐ Swelling
- ☐ Heat
- ☐ Cold
- ☐ Crawling
- ☐ Itching

Quality.of Primary Complaint:

- ☐ Constant ☐ Fixed
- ☐ Intermittent ☐ Moving

Trigger or Aggrivated by:

- ☐ Cold ☐ Heat
- ☐ Physical activity
- ☐ Emotional upset
- ☐ Stress ☐ Weather

Rate your pain at it's most and least painfulness:

- ☐ 0 None
- ☐ 1 Mild - nagging, annoying, interferes little with ADLs
- ☐ 2 Mild - nagging, annoying, interferes little with ADLs
- ☐ 3 Mild - nagging, annoying, interferes little with ADLs
- ☐ 4 Moderate - Interfere's significantly with ADLs
- ☐ 5 Moderate - Interfere's significantly with ADLs & need OTC med
- ☐ 6 Moderate - Interfere's significantly with ADLs & need OTC med
- ☐ 7 Severe - Disabling, unable to perform ADLs & Need Rx med
- ☐ 8 Severe - Disabling, unable to perform ADLs & Need Rx med
- ☐ 9 Severe - Disabling, unable to perform ADLs & Need Rx med
- ☐ 10 Severe - Disabling, unable to perform ADLs & Need hospital

Are you hands or feet too sensitive to touch? ☐ Yes ☐ No
Does it hurt at night when bed covers touch? ☐ Yes ☐ No
Do your symptoms worsen at night? ☐ Yes ☐ No
Do your legs feel weak when you walk? ☐ Yes ☐ No
Do your legs/feet hurt when you walk? ☐ Yes ☐ No
Are your feet skin dry and crack open? ☐ Yes ☐ No
Can your feet discern hot/cold water in tub/shower? ☐ Yes ☐ No
Do your legs/feet experience 'asleep feeling' or loss of sensation? ☐ Yes ☐ No
Are you unable to sense you feet when you walk? ☐ Yes ☐ No
Do you have sharp, stabbing or shooting pain in our feet? ☐ Yes ☐ No

What provides relief of Pain or sensation?_____

_____

_____

_____

_____

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Repro & Urogen Male Part 1c

Name:_____ Date_____

Use the next four (4) pages to embellish upon the details of your PAIN and Life Experiences.

Male Reproductive & Urogenital - Part 2

Prostatitis - Erectile Dysfunction - Impotence - Premature Ejeculation - Incontinance - Other

Instructions: The Day your Primary Complaint became disruptive to your ADL or caused significant impairment

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order starting with the morning of and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

Please identify the date. This does not have to be an exact calendar date – it can be 'mid-November 2011', or sometime in the summer of 2009, or it might be as specific as the morning of New Year's Day 2012. Then describe the following:

- where you were located when you noticed the Primary Complaint (or a medical diagnosis that was given),
- how you felt and any emotional responses
- what ADL you could not do or what bodily functions were significantly impaired
- the duration of the Physical Sensation(s) and characteristics (qualities)
- anything that seemed to make it worsen or improve it
- any observations by other people of your behavior, emotions or physical condition

Date your Primary Complaint or associated symptoms became disruptive to your ADL or caused significant impairment:

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Repro & Urogen Male Part 2

Name:_____ Date_____

Male Reproductive & Urogenital - Part 3

Prostatitis - Erectile Dysfunction - Impotence - Premature Ejeculation - Incontinance - Other

Instructions: Your Life Prior to the Day the Primary Complaintbecame disruptive to your ADL or caused significant impairment cited in Part 2.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Reflect back to the earliest date when you noticed the Primary Complaint and/or associated symptoms. Please identify the date. This does not have to be an exact calendar date – it can be 'mid-November 2011', or sometime in the summer of 2009, or it might be as specific as the morning of New Year's Day 2012.
- Next, list the events of your life that occurred between that earliest date of symptoms and the day your Primary Complaint became disruptive to your ADL or caused significant impairment. These events include:
  travel in or outside the USA or Canada moving your home changing jobs marriage divorce separation pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters child rearing problems children leaving home for college child custody illness accidents incarceration institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Date of earliest recall of Primary Complaint or associated symptoms:

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Repro & Urogen Male Part 3

Name:_____ Date_____

Male Reproductive & Urogenital - Part 4

Prostatitis - Erectile Dysfunction - Impotence - Premature Ejeculation - Incontinance - Other

Instructions: Your Life 1 year Prior to the Earliest Date you noticed the Primary Complaint or associated symptoms cited in Part 3.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Reflect back 1 year prior to the earliest date when you noticed the Primary Complaint and/or associated symptoms. Please identify the date. This does not have to be an exact calendar date – it can be 'mid-November 2011', or sometime in the summer of 2009, or it might be as specific as the morning of New Year's Day 2012.
- Next, list the events of your life that occurred between that earliest date of symptoms and the day your Primary Complaint became disruptive to your ADL or caused significant impairment. These events include:
  travel in or outside the USA or Canada moved your home changing jobs marriage divorce separation pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters child rearing problems children leaving home for college child custody illness accidents incarcerated institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Date 1 year prior to the earliest recall of the Primary Complaint or associated symptoms:

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Repro & Urogen Male Part 4

Name:_____ Date_____

Male Reproductive & Urogenital - Part 5

Prostatitis - Erectile Dysfunction - Impotence - Premature Ejeculation - Incontinance - Other

Instructions: Your Symptoms and Actions since the day your Primary Complaint or associated symptoms became disruptive to your ADL or caused significant impairment cited in Part 2.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Describe to best of you abilities the chronological sequences of the following starting from the Day the Primary Complaint or associated symptoms became disruptive to your ADL or caused significant impairment through to today. Include the following:
  - changes of the symptoms over time (duration, intensity, improvements, worsening, etc)
  - the actions you have employed to treat the problem via MD, ND, DO, DC, LAc, PT and other therapists as well as home remedies. Include the diagnosis, therapies, medications and natural remedies (herbs, homeopathy, nutritional) that have been used. Include any and all improvements or worsening of the problem/condition due to any of the actions you employed.
- Include the events of your life that occurred during this tme period. These events include:
  travel in or outside the USA or Canada moved your home changing jobs marriage divorce separation pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters child rearing problems children leaving home for college child custody illness accidents incarcerated institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Symptoms and Actions since the Primary Complaint or associated symptoms became disruptive to ADL or causative to significant impairment.

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Repro & Urogen Male Part 5