Mirabile M.D.
BEAUTY, HEALTH & WELLNESS

4550 W 109th Street, Suite 130
Overland Park, KS 66211
913-541-9495
www.mirabilemd.com

# Male History & Symptoms

**Name: _____ Date of Birth: _____**

## Prostate & Testicular History

| | | |
|---|---|---|
| Are you sexually active? | □ Yes | □ No |
| Have you been sexually active in the past? | □ Yes | □ No |
| Have you ever had a sexually transmitted disease? | □ Yes | □ No |
| If yes, list all STD's: _____ | | |
| Do you have prostate problems? | □ Yes | □ No |
| If yes, explain: _____ | | |
| Have you had blood in your urine? | □ Yes | □ No |
| If yes, when did this occur and what treatment was used? _____ | | |
| Do you have bladder or kidney issues? | □ Yes | □ No |
| If yes, please describe current treatment, if any: _____ | | |
| Do you have erectile dysfunction? | □ Yes | □ No |
| If yes, please describe: _____ | | |
| Is your sex drive similar to five years ago? | □ Yes | □ No |
| If no, describe: _____ | | |
| Have you had your testosterone levels checked in the past? | □ Yes | □ No |

## Medical History

Do you or any close family members (mother/father, sibling, grandparent, aunt/ uncle) have history of any of the following? Check all that apply.

| Condition | Self | Family Member |
|---|---|---|
| Hypertension | □ How treated: _____ | □ Relationship: _____ |
| Prostate Cancer | □ How treated: _____ | □ Relationship: _____ |
| Diabetes | □ How treated: _____ | □ Relationship: _____ |
| Colon Cancer | □ How treated: _____ | □ Relationship: _____ |
| Heart Disease | □ How treated: _____ | □ Relationship: _____ |
| Stroke | □ How treated: _____ | □ Relationship: _____ |
| Bleeding Disorder | □ How treated: _____ | □ Relationship: _____ |
| Thyroid Disease | □ How treated: _____ | □ Relationship: _____ |
| Other: _____ | □ How treated: _____ | □ Relationship: _____ |

List any surgeries and/or hospitalizations: _____

_____

List any known drug allergies: _____

List any medications currently taking and dosage, including hormone replacement therapy: _____

_____

_____

Family Physician/Practice: _____ Phone number: _____

Pharmacy: _____ Phone number: _____

_____ Mirabile M.D. is not responsible for omissions of medical & medication information.

***Please initial***