

Longs Peak Family Practice: Medical History Assessment/Update (male)

Name _____ Date _____

Medical

1. Please list any new medical problems since your last physical examination here?
2. Please list any medical concerns you wish to address at this visit?
3. Are you sexually active? Y N
4. When was your last prostate exam? Your last PSA?
5. Have you ever had an abnormal prostate exam? Y N
Have you ever had an ultrasound or biopsy?
6. Have you noticed swelling or enlargement of your testicles? Y N
Do you do monthly checks? Y N
7. Are you having difficulty urinating? Y N
8. Are you having difficulty with erections? Y N

Cancer Screening and Prevention

1. Have you ever had any rectal bleeding? Have you had your stools tested for blood recently?
2. Have you ever had a colonoscopy?
If yes, what did it show?
3. Do you take baby aspirin daily?
4. Have you ever had an exercise treadmill or other heart test performed? What & when?

Family History

Please list below if your relatives have had: heart disease, high blood pressure, high cholesterol, diabetes, strokes, cancer (esp. colon, breast, ovarian), or other significant problems. If they have died, include age and cause of death. If you have done this here before, please only list updates since your last physical.

Father
Mother
Sisters
Brothers
Children

Any other comments (everyone):