

A# _____



MALE MEDICAL HISTORY

Name: _____

Date: _____

GU History (Male):

History of prostate cancer or testicular cancer? If so please explain:

Any current or previous treatments with hormones? YES/NO If yes, describe including positive or negative effects:

Preventative Health History: Please enter dates of most recent and details if abnormal.

Preventative Test	Date	Normal	Abnormal	History of Abnormal Details
Colonoscopy				
Rectal Exam				
PSA				

*all remaining health history questions will need to be completed through your patient portal account