Functional Health Institute

MALE HEALTH HISTORY

Patient Name: ______________________

Please take your time in filling out these forms
as honestly and accurately as possible.

PLEASE SELECT THE FREQUENCY OF CONSUMPTION OF THE FOLLOWING:

Soda or carbonated beverages:	Daily	Few /Week	Few /Month	Never
White flour products:	Daily	Few /Week	Few /Month	Never
Fried foods:	Daily	Few /Week	Few /Month	Never
Coffee:	Daily	Few /Week	Few /Month	Never
Fast foods:	Daily	Few /Week	Few /Month	Never
Sweets / refined carbohydrates:	Daily	Few /Week	Few /Month	Never
Beer / wine:	Daily	Few /Week	Few /Month	Never
Hard alcohol:	Daily	Few /Week	Few /Month	Never
Tobacco products:	Daily	Few /Week	Few /Month	Never

Are you a vegetarian: Yes No

Are you currently involved in an exercise program: Yes No

Please list any allergies:

History:

Please select if you have or ever had any of the following:

	Anemia		Herpes Simplex, Fever Blisters, Cold Sores
	Appendicitis		High blood pressure
	Arthritis		Kidney infection
	Cancer (specify)		Liver problems
	Chronic bronchitis		Loss of balance
	Chronic headaches		Neurological problems
	Colitis		Parasitic infections
	Diabetes		Pneumonia
	Gall bladder problems		Seizures
	Heart disease		Thyroid problems
	Hepatitis		Ulcers

Male Health History:

If you have children, please list their ages: ____

Have you had a vasectomy? Yes No Year: ____________________

Please explain any symptoms related to the vasectomy:

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Have you had a reverse vasectomy: Yes No Year: ____________________

When was your last prostate exam? __________________________

Does your bladder always feel full: Yes No Sometimes

What were your most recent PSA results? _________________________________ Date: __________________

Does ejaculation cause pain? Yes No Sometimes

Do you have premature ejaculation: Yes No Sometimes

SLEEP:

Number of hours you typically sleep each night: ___________ Do you sleep well? Yes No

Do you keep your room completely dark at night? Yes No

SURGERIES, ACCIDENTS, TRAUMAS: Please list any you have had and include dates.

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