THE UROLOGY GROUP

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Name	Date of birth	Today's date
ED EVALUATION		
Sexual Health History		
How long has this problem been going on? Have you had any treatment for it?		
Ever have normal erections?	When was last Er	ections adequate for sex?
Morning or night time erections?	Normal desire (sex drive, libi	do)? Normal orgasm?
Normal ejaculation?	Bend or curvature of penis? (Pyeronie's disease)	
Relationship History Recent stress (divorce, job loss, new relationship)? Device base Deletionship methods		
Do you have a partner or spouse? Relationship problems?		
Medical History		
High blood pressure?	Medication for high blood pressure?	
Diabetes? Insulin use?	High cholesterol	Medication for cholesterol?
Has your doctor told you to lose weight? Calves hurt with walking? Heart attack?		
Coronary artery disease?	Bypass surgery?	Stroke?
Carotid artery disease?	Vascular surgery?	Neurologic problem?
Surgical History		
Prostate surgery (surgery, date)? Bladder surgery (surgery, date)?		gery (surgery, date)?
Colon/rectum surgery (surgery, date)? Other pelvic surgery (surgery, date)?		c surgery (surgery, date)?
Injury the pelvis, groin or penis? (injury, date)?		
Social History		
Smoking history? How many packs a day? How many years have you smoked?		
Current smoker? When did you quit? Alcohol use? Drug use (marijuana, steroids)?		
Medications Do you take thiazide diuretic (eg HCTZ)? Beta blocker (eg metoprolol)? (except nebivolol)		

Written by: Jennifer L. Young MD, The Urology Group. Copyright 2013. Do not duplicate without permission. Reference: Montague DK, Jarow JP, Broderick GA, et al. Erectile Dysfunction. American Urological Association Clinical Guideline 2005, reviewed and confirmed 2011. ©2005 American Urological Association, Education and Research Inc., Linthicum, MD. http://www.auanet.org/content/clinical-practice-guidelines/clinical-guidelines.cfm?sub=ed