

## THE UROLOGY GROUP

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| Name                                    | Date of bi         | irth                                  | Today's date               |             |
|-----------------------------------------|--------------------|---------------------------------------|----------------------------|-------------|
|                                         | ERECTION EV        | /ALUATION                             |                            |             |
| Sexual Health History                   |                    |                                       |                            |             |
| How long has this problem bee           | n going on?        | _ Have you had                        | any treatment for it?      |             |
| Ever have normal erections?             | When was last      | Erection                              | ons adequate for sex?      |             |
| Nighttime/morning erections? _          | Normal desire (s   | ex drive, libido)?_                   | Normal orgasm?_            |             |
| Normal ejaculation?                     | Bend or curva      | ture of penis? (Py                    | eronie's disease)          |             |
| Relationship History                    |                    |                                       |                            |             |
| Recent stress (divorce, job loss,       | new relationship)? |                                       |                            |             |
| Do you have a partner or spous          |                    |                                       |                            |             |
| - · , · · · · · · · · · · · · · · · · · |                    | - <b>-</b>                            |                            | <del></del> |
| Medical History                         |                    |                                       |                            |             |
| High blood pressure?                    | Medi               | dication for high blood pressure?     |                            |             |
| Diabetes? Insulin use?                  | High cho           | olesterol                             | _ Medication for cholester | ol?         |
| Has your doctor told you to lose        | e weight? Calv     | es hurt with walk                     | ing? Heart aack?           |             |
| Coronary artery disease?                | Bypass surgery?    | Stroke?                               |                            | Carotid     |
| artery disease?                         | Vascular surgery?  | Neurologic                            | problem?                   |             |
| Surgical History                        |                    |                                       |                            |             |
| Prostate surgery (surgery, date)?       |                    | Bladder surge                         | ry (surgery, date)?        |             |
| Colon/rectum surgery (surgery, date)?   |                    | Other pelvic surgery (surgery, date)? |                            |             |
| Injury the pelvis, groin or penis       | ? (injury, date)?  |                                       |                            |             |

| <b>Social History</b>                                |                                                                                                                                                                                                   |                                                                            |                                     |  |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------|--|
| Smoking history? How many packs a d                  |                                                                                                                                                                                                   | day? How many years have you smoked?                                       |                                     |  |
| Current smoker?<br>chronic prescripon p              | When did you quit? Alco<br>ain medicine                                                                                                                                                           | hol use? Drug use (m                                                       | narijuana, steroids)?               |  |
| Medications                                          |                                                                                                                                                                                                   |                                                                            |                                     |  |
| Do you take thiazide                                 | diuretic (eg HCTZ)? Beta                                                                                                                                                                          | blocker (eg metoprolol)?                                                   | (except nebivolol)                  |  |
| Reference: Montague DK, Ja and confirmed 2011. ©2005 | g MD, The Urology Group. Copyright 2013. Do<br>arow JP, Broderick GA, et al. Erectile Dysfunc<br>G American Urological Association, Education<br>atent/clinical-practice-guidelines/clinical-guid | tion. American Urological Associatior<br>and Research Inc., Linthicum, MD. | n Clinical Guideline 2005, reviewed |  |