Male Patient History

Name_________________________________ Preferred Nickname___________________________
D.O.B.____________ Age______

Marital Status: ☐ Single ☐ In a Relationship ☐ Married ☐ Widowed ☐ Divorced

Reason for visit: ☐ Semaglutide Patient ☐ Hormone Pellets Patient

Spouse/Partners Name: ____

Family Physician or Primary Care Provider: ______________________________________

Your Employment/Occupation: ____

Preferred Pharmacy: ____

Medication Allergies: ____

List ALL Current Medication:

Medication Name	Dosage	How Often

Past Medical History:

Do you have, or have you ever had: (Please Check all that apply)

	Acid Reflux/Gerd		Cancer- What Kind?		Hepatitis, Type:		Mitral Valve Prolapse
	Asthma		Chronic Kidney Disease		High Cholesterol		Multiple Endocrine Neoplasia Type 2
	Anxiety		Crohn's /Ulcerative Colitis		HIV		Pancreatitis
	Arthritis		Depression		Hypertension		Prostate Disorder
	Autoimmune Disorder-		Diabetes		Irritable Bowel Syndrome		Seasonal Allergies
	Bleeding or Clotting Disorders		Emphysema/Lung Disease		Leukemia/Lymphoma		Seizure Disorder
	Blood Transfusion		Heart Attack		Liver Disease		Stroke
	Bowel Obstruction		Heart Disease		Migraines		Thyroid Disorder

Other: ____

Social History:

Tobacco Use: ☐ Never ☐ Current, How much? ________________ ☐ Former, Quit at Age_____

Alcohol Use: ☐ Never ☐Yes, average number of drinks per week ____________________

Recreational Drug Use: ☐ No ☐ Yes, What and How often ___________________________

Past Surgical History:

Have you ever had surgery? Y / N If yes, please list surgery date & type

Year	Description	Year	Description

Have you had other hospitalizations? Y / N If yes, please list date & type of procedure

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Family History:

Do you have a family history of any of the following? Please list the affected family member(s):

Condition:	Relation to you:	Condition:	Relation to you:
Asthma		Mental Health Disorder	
Colon Cancer	Age:	Pancreatic Cancer	
Diabetes		Prostate Cancer	
Heart Disease		Stroke	
High Blood Pressure		Testicular Cancer	
High Cholesterol		Thyroid Disorder	

Any other medical problems in the family? Please list

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