# The University of Kansas Physicians



Integrative Medicine

# Men's Health Form

## Mental Changes:

Symptoms: Rate symptoms on a scale of 0 - 5 for absence or severity

- \_\_\_\_\_ Pervasive sense of fatigue, wake up tired, "Brain fog"
- \_\_\_\_\_ Feeling depressed or negative
- \_\_\_\_\_ Feeling stressed or "burned out"
- \_\_\_\_\_ Feeling Irritable or angry more often
- \_\_\_\_\_ Anxiety or increased nervousness or "panic attacks"
- \_\_\_\_\_ Forgetful, poor memory
- \_\_\_\_\_ Unable to concentrate or maintain focus
- \_\_\_\_\_ Decreased assertiveness
- \_\_\_\_\_ Loss of motivation or initiative to start new projects, hobbies
- \_\_\_\_\_ Becoming a "Couch potato"
- Feeling that work, relationships, past pleasures have lost significance

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_____ Total Score
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## Sexual Function:

Symptoms: Rate symptoms on a scale of 0 - 5 for absence or severity

- \_\_\_\_\_ Decreased Early Morning Erections
- \_\_\_\_\_ Diminished Libido
- \_\_\_\_\_ Difficulty achieving an erection
- \_\_\_\_\_ Decreased fullness or turgidity
- \_\_\_\_\_ Decreased ability to maintain full erection after penetration
- \_\_\_\_\_ Diminished strength of orgasm
- \_\_\_\_\_ Decreased volume of ejaculate
- \_\_\_\_\_ Reduced of sensation of the penis
- \_\_\_\_\_ Premature ejaculation \_\_\_\_\_ recent \_\_\_\_\_ long term
- \_\_\_\_\_ Length of time in years since first changes noted
- \_\_\_\_\_ Response to Viagra, Levitra or Cialis
- \_\_\_\_\_ Use of other methods (pump, injections)

\_\_\_\_ Total Score

# Physical Changes:

Symptoms: Rate symptoms on a scale of 0 - 5 for absence or severity

- \_\_\_\_\_ Feeling sore all over, aches in muscles or joints
- \_\_\_\_\_ Frequent neck or back pains
- \_\_\_\_\_ Decreased strength or stamina
- \_\_\_\_\_ Decrease in muscle size, fullness, tone, increased "flabbiness"
- \_\_\_\_\_ Increased stiffness or decreased flexibility, mobility
- \_\_\_\_\_ Harder to recover from heavy exercise or workout
- \_\_\_\_\_ Diminished effects from workouts strength, tone, muscle
- \_\_\_\_\_ Increased tendency of strains, pulled muscles
- \_\_\_\_\_ Shortness of breath at lower levels of exertion
- \_\_\_\_\_ Lack of competitive drive in sports

#### \_\_\_\_ Total Score

#### Urologic Problems

Answer yes (+) or no (-)

- \_\_\_\_\_ Enlarged prostate (BPH) \_\_\_\_\_ mild \_\_\_\_\_ moderate \_\_\_\_\_ severe
- \_\_\_\_\_ Urinary frequently. Reduced flow, dribbling or leakage
- \_\_\_\_\_ Nighttime urination \_\_\_\_\_ X per night
- \_\_\_\_\_ Non-medical treatments \_\_\_\_\_ Saw Palmetto or combination
- \_\_\_\_\_ Medical Treatment: \_\_\_\_\_ Proscar / Propecia \_\_\_\_\_ Avodart \_\_\_\_\_ Flomax
- \_\_\_\_ Prostatitis \_\_\_\_ mild \_\_\_\_ moderate \_\_\_\_ severe \_\_\_\_ recurrent \_\_\_
- \_\_\_\_\_ Increased or \_\_\_\_\_ normal range PSA (range \_\_\_\_\_\_ ng/dl)
- \_\_\_\_\_ Treatment for BPH \_\_\_\_\_ TURP \_\_\_\_\_ TUNA \_\_\_\_\_ Laser Year? \_\_\_\_\_
- Prostate cancer (Year diagnosed) \_\_\_\_\_ Gleason score \_\_\_\_\_
- \_\_\_\_\_ Treatment(s) \_\_\_\_\_ surgery \_\_\_\_\_ radiation \_\_\_\_\_ Cryo \_\_\_\_\_ Lupron
- \_\_\_\_\_ Vasectomy \_\_\_\_\_ Varicocele \_\_\_\_\_ Hydrocele \_\_\_\_\_ Hernia \_\_\_\_\_ Year? \_\_\_\_\_
- \_\_\_\_ Infertility Problem

\_\_\_\_\_ Total Positives

#### **Physical Changes**

Answer yes (+) or no (-)

- \_\_\_\_ Weight Gain
- \_\_\_\_ Increasing central weight "Beer Belly"
- \_\_\_\_\_ Increase in breast fat
- \_\_\_\_\_ Lightheadedness, dizziness, ringing in ears
- \_\_\_\_\_ Headaches or recent onset of migraine type headaches
- \_\_\_\_\_ Leg cramps or swollen ankles
- \_\_\_\_\_ Sleep problems, sleep apnea, night sweats, or "Hot flashes"
- \_\_\_\_\_ Emphysema or asthma
- \_\_\_\_\_ Chronic inflammatory disease, colitis, rheumatoid arthritis
- \_\_\_\_\_ Arthritis in shoulders, hands, hips, knees, or feet
- \_\_\_\_\_ Varicose veins, hemorrhoids, or varicocele
- \_\_\_\_\_ Loss of body hair or decreased beard growth rate

\_\_\_\_\_ Total Positives

#### Metabolic changes

Answer yes (+) or no (-)

- \_\_\_\_\_ Increased cholesterol, triglycerides or decreased HDL
- \_\_\_\_\_ Higher blood sugar or the onset of adult type 2 Diabetes
- \_\_\_\_\_ High Blood Pressure
- \_\_\_\_\_ Shortness of breath with exercise, exertion, climbing stairs
- \_\_\_\_\_ Racing heart, extra beats, atrial fibrillation
- \_\_\_\_\_ Chest pains, heart problems, or blocked arteries
- \_\_\_\_\_ Past heart attack, Bypass surgery or stent
- \_\_\_\_\_ Past stroke or TIA (mini-stroke)
- \_\_\_\_\_ Thyroid gland problems
- \_\_\_\_\_ Adrenal gland problems
- \_\_\_\_\_ Kidney problems, stones, cysts, infection

\_\_\_\_\_ Total Positives

Reviewed By:

\_\_\_\_ Sum Total Positive

Name	Date

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