

Patient Profile Sheet



Please print clearly

Patient Information

Date

Full Name*

Middle Name

Last Name

Date of Birth*

Address*

Phone*

Email*

Employer*

Employment Status*

Are you currently taking any medications?*

Emergency Contact Information

Full Name*

Middle Name

Last Name

Address*

Phone

Relationship to patient

- Parent
- Significant Other
- Sibling
- Child
- Friend
- Other

Notes

Medical History Questionnaire: Men's Health

Erectyle Dysfunction Questionnaire

When did it start?

Have you tried:

- Viagra
- Cialis
- Levitra
- Edix
- VED/PUMP
- Therapy
- Testosterone

Please put a checkmark next to the selection.

How did it work?

Did you experience side effects?

How firm are your natural erections?

How frequently do you have morning erections?

Medical Conditions

Please List Current Medications/Supplements

Surgical History

List Any Surgeries

Social History

- Single
- Dating
- Married
- Divorces
- Widowed

Do you smoke?

- Yes
- No

Do you consume alcoholic beverages?

- Yes
- No

Do you currently use drugs such as marijuana, cocaine, or other similar or illegal drugs?

- Yes
- No

IIEF/SHIM INTERNATIONAL INDEX OF ERECTILE FUNCTION

How do you rate your confidence that you could achieve and keep an erection?

- 1
- 2
- 3
- 4
- 5

1-Very low 2-low 3- Moderate 4- High 5- Very High

When you had erections with sexual stimulation, how often were your erections hard enough for penetration?

- 1
- 2
- 3
- 4
- 5

1- Almost never/never 2- a few times (much less than half the time) 3- sometimes (about half the time) 4- most times (much more than half the time) 5- Almost always/always

During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

- 1
- 2
- 3
- 4
- 5

During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

- 1
- 2
- 3
- 4
- 5

1-Extremely difficult 2- Very difficult 3- Difficult 4- Slightly Difficult
5- Not difficult

When you attempted sexual intercourse, how often was it satisfactory for you?

- 1
- 2
- 3
- 4
- 5

1- Almost never/never 2- a few times (much less than half the time) 3- sometimes (about half the time) 4- most times (much more than half the time) 5- Almost always/always