

**MEN'S MEDICAL NEW YORK, P.C.**  
**PATIENT INFORMATION & QUESTIONNAIRE**

Date\_\_\_\_\_

Patient Name\_\_\_\_\_ DOB\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

HOME PHONE\_\_\_\_\_ CELL PHONE\_\_\_\_\_

Occupation\_\_\_\_\_ Marital Status: S M D W

Email address\_\_\_\_\_

How did you hear about our practice \_\_\_\_\_

**Medical History – Please circle any that you have or have ever had**

Diabetes	High Blood Pressure	High Cholesterol	Heart Disease	Heart attack
Liver disease	Hepatitis	Kidney disease	Thyroid disease	Stroke
HIV/AIDS	Multiple sclerosis	Parkinson's disease	Peyronie's disease	Epilepsy
Cancer	Prostate cancer	Sickle cell disease	Priapism	Glaucoma
Depression	Bleeding disorders	Testicular disease	Arthritis	STD's
Infertility	Ejaculation problems	Trauma/accident	Prostate enlargement	Prostatitis
Back surgery	Drug abuse	Mental disorder	Sexual abuse	

**Surgical History – please list any surgery that you have ever had**

\_\_\_\_\_

**Social History**

Do you smoke? Yes No Packs per day\_\_\_\_\_ Years you have smoked\_\_\_\_\_

Do you drink alcohol? Yes No Drinks per day\_\_\_\_\_ Drinks per week\_\_\_\_\_

Do you use heroin, cocaine, barbiturates, anabolic steroids, crack or other illicit drugs? Yes No  
Describe\_\_\_\_\_

**Medications – please list all prescription medication & supplements you are currently taking**

---

---

---

**Referring physician or primary care physician – name, address and phone number**

---

---

**Reason for today’s visit – please circle**

Erectile Dysfunction          Premature Ejaculation          Other \_\_\_\_\_

Do you believe your problem is related to a recent motor vehicle accident?    YES    NO

**Sexual history**

Describe the strength of you erections from 1 – 10? \_\_\_\_\_

Out of the last 10 times you attempted to have intercourse, how many were successful? \_\_\_\_\_

Describe the strength of you morning erections from 1 – 10? \_\_\_\_\_

When did you first notice a problem with your erections? \_\_\_\_\_

What do you think is causing your erection problem? \_\_\_\_\_

When was the last time you had a great erection that allowed penetration? \_\_\_\_\_

Can you achieve and maintain a full erection until you ejaculate?    Yes    No

Can you achieve a good erection through masturbation?          Yes    No

Can you have an orgasm?          Yes    No

Can you ejaculate when you have an orgasm?    Yes    No

Do you have any pain when you have an orgasm or ejaculation?    Yes    No

How often do you attempt sexual intercourse with your partner? \_\_\_\_\_

How often do you masturbate? \_\_\_\_\_

How long does it take you to ejaculate after penetration? \_\_\_\_\_

What medications have you tried for erectile dysfunction? \_\_\_\_\_

What medications have you tried for ejaculation problems? \_\_\_\_\_