

Calla Genics

Patient Name: _____ Patient DOB: _____

Email: _____ Phone Number: _____

Procedure: **GAINSWave®** **GAINSWave® + Gains Enhancement®**

Primary Goal: **Erectile Performance** **ED** **Peyronie's**

Medical History: **DM** **HTN** **CVD**

Current Med Use: **Beta-Blockers** **SSRIs** **PDE5i [Cialis, Viagra]**

Prior use of PDE5i: **(circle one) YES** **NO** PDE5i Response: **None / Poor / Good**

The Erectile Hardness Score [choose one]

1. Penis is larger, but not hard
2. Penis is hard, but not hard enough for penetration
3. Penis is hard enough for penetration, but not completely hard
4. Penis is completely hard and fully rigid

SHIM

1. How would you rate your confidence that you can get and keep an erection? _____
1=very low 2=low 3=moderate 4=high 5=very high

2. When you have erections with sexual stimulation, how often are your erections hard enough for penetration? _____
1=never 2=a few times 3=sometimes 4=most times 5=always

3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated your partner? _____
1=never 2=a few times 3=sometimes 4=most times 5=always

4. During sexual intercourse, how difficult is it to maintain your erection to completion of intercourse? _____
1=extremely difficult 2=very difficult 3=difficult 4=slightly difficult 5=not difficult

5. When you attempt sexual intercourse, how often is it satisfactory for you? _____
1=never 2=a few times 3=sometimes 4=most times 5=always

For office use only:

RESULTS

Follow up: DATE: ____/____/____

_____/____/____ Erectile Hardness Score _____

SHIM Total Score _____

1-7 Severe ED 8-11 Moderate ED 12-16 Mild moderate ED 17-21 Mild ED 22-25 No ED

Fax completed form back to Attn: Medical Department: _____