Reset

Rooted Health & Wellness LLC

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General Information

Name_____ Date of Birth_____

Men's health history:

Sexually active: ☐ Yes ☐ No Trying to conceive: ☐ Yes ☐ No Any known partner miscarriages: ☐ Yes ☐ No Number of Living Children: _____ Form of contraception ☐ None ☐ Condom ☐ Withdrawal method ☐ Natural family planning methods ☐ Vasectomy ☐ Partner tubal ligation

☐ Other:_____Last PSA check_____ PSA level: ☐ 0-2 ☐ 2-4 ☐ 4-10 ☐ >10

Any hormonal replacement therapy and duration_____

Reproductive/Hormone History	Current	Past
Penile/Scrotal injury	☐	☐
Enlarged prostate	☐	☐
Prostatitis	☐	☐
Testicular mass	☐	☐
Impotence	☐	☐
Frequent UTIs	☐	☐
Sexually transmitted infections	☐	☐
Vasectomy	☐	☐
Infertility	☐	☐
Gynecomastia	☐	☐
Other:	☐	☐
Other:	☐	☐
Reproductive/hormone symptoms		
Low Libido	☐	☐
Difficulty obtaining erection	☐	☐
Difficulty maintaining erection	☐	☐
Difficultly with urine stream	☐	☐
Loss of urine control	☐	☐
Increased urination at night	☐	☐
Gonadal or anal itching	☐	☐
Hair loss	☐	☐
Hair thinning	☐	☐
Fragile skin	☐	☐

Muscle loss	☐	☐
Headaches	☐	☐
Mood Swings	☐	☐
Hot Flashes	☐	☐
Excess sweating	☐	☐
Little sweating	☐	☐
Absent sweating	☐	☐
Other:	☐	☐
Other:	☐	☐