Health Quarters

Male Medical History

I am adopted. (   )

Father - Living / Deceased   Mother - Living / Deceased (Please circle one)

PCP – Primary Care Physician:________________________ _   **Today's Date: ___________________________**

	NO	YES	COMMENTS
Are you **allergic** to any medication?			
Are you taking any **medication** now?			
FAMILY HISTORY			
Cancer (Please specify what type of cancer:_________________)			
Diabetes			
Did your mother take DES while pregnant with you?			
PERSONAL HISTORY Have you ever had:			
Kidney, Bladder, Urinary Tract Problems			
Liver Problems: Liver Disease, Hepatitis, Mononucleosis, Jaundice			
Cancer			
Blood transfusions, exposure to blood products or solid organ transplants			
Diabetes			
Fertility Problems or Disorders			
Other chronic **OR** acute medical conditions			
STD HISTORY Have you ever had: (Please circle all that apply)			
Chlamydia / Gonorrhea / Syphilis / HIV			
Genital Herpes / Genital Warts / Chancroid / Hepatitis B			
NGU (Non-gonococcal urethritis)			
LIFESTYLE Have you ever:			
Been forced to have sex or sexual contact when you didn't want to?			
Shared needles for injecting drugs (including steroids), tattooing, ear or body piercing - OR - had a partner that did?			
Used alcohol or other drugs before having sex?			
Do you smoke cigarettes? (How many per day?_______)			
Do you use alcohol / pot / crack / cocaine / heroin / tranquilizers / ecstasy?			
Have you had a Hepatitis B vaccination?			
Do you do testicular self-exams?			
SEXUAL HISTORY			
When was the last time you had sex? ___________________________-			
Do you use condoms? ☐ Always ☐ Sometimes ☐ Never			
Do you have sex with ☐ Women ☐ Men ☐ Both			
What kinds of sex do you have now OR have had in the past: ☐ Vaginal ☐ Oral ☐ Anal/Rectal			
In the last year, how many people have you had vaginal, oral or anal sex with? ________________			
Do you have a partner who has multiple partners? No ( ) Yes ( ) Unknown ( )			
Do you have a partner who is at risk for STD/HIV? No ( ) Yes ( ) Unknown ( )			
Do you have a partner who is bisexual? No ( ) Yes ( ) Unknown ( )			

--**Staff Use Only**--

STD info given ☐
HIV/ABC info given ☐
History reviewed ☐
Adolescents: Family involvement encouraged ☐
Abstinence encouraged ☐