Annual Exam Questionnaire-Male

Name: _____

DOB: _____

Constitutional	Y	N
Unexpected weight change?		
Poor energy or fatigue?		
Fever or night sweats?		
Changes in appetite?		
Sleep concerns?		
ENT		
Visual complaints?		
Hearing loss?		
Ear pain?		
Ringing in the ears?		
Frequent or severe nose bleeds?		
Sinus problems?		
Difficult or painful swallowing?		
Oral lesions?		
Hoarseness?		
Sleep apnea?		
Respiratory		
History of asthma?		
Other lung disease?		
Chronic cough?		
Wheezing?		
Shortness of breath?		
Productive cough?		
Cardiovascular		
Chest pain, pressure or tightness?		
Activity or exercise intolerance?		
Irregular heartbeats?		
High blood pressure?		
Endocrine		
Thyroid disorder?		
Heat or cold intolerance?		
Excessive thirst or urination?		
Blood sugar problems or diabetes?		
History of osteoporosis or osteopenia?		
Hematologic		
History of bruising, bleeding, blood clots?		
Skin		
Changing skin lesions?		
Rash?		
History of skin cancer?		
Poorly healing skin sores?		
Itchy, bleeding, or scabbed lesions?		

Gastrointestinal	Y	N
Black stool?		
Blood in stool?		
Change in bowel habits?		
Persistent diarrhea or constipation?		
Heartburn or acid reflux?		
Persistent nausea or vomiting?		
Abdominal pain?		
Urinary		
Blood in urine?		
Painful urination?		
Recurrent urinary tract infections?		
Male		
Breast masses?		
Erectile dysfunction?		
Testicular lumps or pain?		
Risk factors for STD?		
Frequent nighttime urination?		
Difficulty urinating?		
Musculoskeletal		
Concerning joint pain?		
Joint swelling?		
Muscle weakness?		
Gout?		
Chronic pain?		
History of fractures?		
Neurologic		
Concerning headaches?		
Significant or new memory problems?		
Tingling, numbness?		
Gait, balance or coordination problems?		
Seizures?		
Psychiatric		
Depression?		
Anxiety or panic problems?		
History of bipolar or manic disorder?		
Suicidal thoughts?		
Paranoia or obsession?		
Eating Disorders?		
Allergy		
Allergy induced asthma?		
Sneezing, runny nose?		
Scratchy throat, itchy eyes?		

In the past 12 months have you had any issues with: having enough food, paying critical bills, housing, accessing care or personal safety? Yes No