

WELL MALE ADOLESCENT QUESTIONNAIRE

NAME: _____

Date _____

Family Planning

Are you sexually active? YES NO
What do you use for birth control? _____

How many partners have you had? _____
Have you ever had an STD? _____
If yes, what kind? _____

Family History

Do you have a parent or sibling with a history of colon, prostate or rectal cancer or heart disease or depression? YES NO
If yes, who was it and what did they have?

Past Medical History

Please circle if YOU have now or have ever had any of these medical conditions:
Migraine Asthma Depression Diabetes
Anxiety Allergies
Blood Clots (where _____)
Cancer (what kind? _____)
Skin Disorder (what kind? _____)

Pelvic/Abdominal Surgeries

Have you ever had abdominal surgeries?
If yes, what was the date? _____
What was the purpose? _____

Prevention History

Do you eat a well-balanced diet that is also low in sugar and fats? YES NO
Do you exercise regularly? YES NO
How many days a week? _____
How long do you exercise for? _____
What kind of exercise? _____

When was your last Tetanus shot? _____
When was your last Flu shot? _____
When was your last EKG? _____
Have you ever had a chest xray? YES NO
If yes, when? _____

Review of Systems

Please circle below anything that you have experienced CHRONICALLY or RECENTLY. (The provider may ask for you to return for another office visit to adequately address any complicated issues)

General: fever chills fatigue general weakness

Eyes: visual disturbances eye irritation

Ears, Nose & Throat: runny nose sore throat nosebleeds ear pain trouble hearing

Heart: chest pain chest palpitation difficulty breathing on exertion passing out

Lungs: trouble breathing coughing spitting up phlegm wheezing

Breast: lumps skin changes drainage from the nipple

Abdomen: abdominal pain diarrhea constipation nausea vomiting

Urinary: urinating more than usual burning when urinating trouble holding urine retaining urine

Rectal: rectal bleeding black stools constipation change in firmness of stools

Genitals: vaginal discharge vaginal irritation irregular periods pain during intercourse

Skin: rash moles that have recently appeared or changed in size or color

Neuro: headaches numbness or tingling weakness in one body part dizziness speech problems

Musculoskeletal: joint pain joint swelling neck pain joint deformity

Psych: trouble sleeping conflict in family or personal relationships that is sometimes handled by pushing/hitting/cruelty
feeling depressed feeling anxious thoughts of hurting yourself/anyone else

