



## Male Intake Form

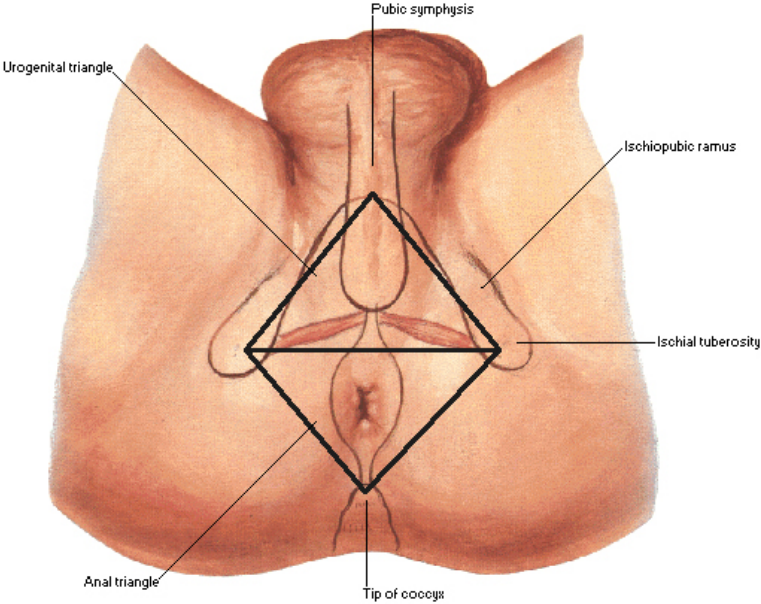
Name: \_\_\_\_\_

Date: \_\_\_\_\_

DOB: \_\_\_\_\_

(Please only complete what is applicable to your symptoms, otherwise put N/A).

**Perineum of Male**  
Regions [Triangles] and Surface Topography



Please mark  
If you are  
Having pain (x)  
or tingling (-)  
in areas on this  
diagram

1. On a scale of 0-10 (0= no pain and 10 = emergency room pain) how much pain do you have

Current level? \_\_\_\_\_

When it's at the worst? \_\_\_\_\_

When it's at the best? \_\_\_\_\_

2. When did your symptoms start? \_\_\_\_\_

3. What do you think caused your symptoms? \_\_\_\_\_

4. Have you been seen by other medical professionals for these symptoms? If so, so who and did they find a diagnosis or cause?

\_\_\_\_\_  
\_\_\_\_\_

5. Have you had surgery that directly relates to your current symptoms? If so, what type and when?

\_\_\_\_\_

6. Out of 0-10 (0=no effect and 10 severe impairment), how much is your problem affecting your quality of life? \_\_\_\_\_

7. Please answer the following questions regarding URINARY symptoms if applicable:

a. Do you have difficulty initiating your stream? \_\_\_\_\_

b. Is the stream weak or interrupted? \_\_\_\_\_

c. How many times a day do you void? \_\_\_\_\_

d. How many times do you wake up at night to void? \_\_\_\_\_

e. Do you experience any pain before, during, or after voiding?

\_\_\_\_\_

f. Any behaviors that aggravate the urinary symptoms? \_\_\_\_\_

g. Does anything (positions, diet, etc.) improve your urinary symptoms? \_\_\_\_\_

8. Please answer these questions regarding your BOWEL habits:

a. Do you have a history of constipation? \_\_\_\_\_

b. How often do you have a bowel movement? \_\_\_\_\_

c. Do you experience pain before, after or during a bowel movement?  
\_\_\_\_\_

d. Do you have anal fissures or hemorrhoids? \_\_\_\_\_

9. Please answer the following questions regarding SEXUAL functioning:

a. Are you able to have an erection? \_\_\_\_\_

b. Are you able to ejaculate? \_\_\_\_\_

c. Do you experience pain, urinary, or bowel symptoms during or after ejaculation? \_\_\_\_\_