

# MALE REVIEW OF SYSTEMS

Please check all that apply

## CONSTITUTIONAL

- Chills
- Fever

## HEENT

- Headache
- Vision Loss
- Nasal Congestion
- Snoring

## RESPIRATORY

- TB Exposure

## CARDIOVASCULAR

- Chest Pain
- Dyspnea (shortness of breath)
- Edema
- Irregular Heartbeat / Palpitations

## GASTROINTESTINAL

- Constipation
- Decreased Appetite
- Diarrhea
- Fecal Incontinence

## GENITOURINARY

- Back Pain
- Change in urine color
- Decreased (weak) stream
- Dysuria (painful urination)
- Flank Pain
- Foul Urine Odor
- Frequent Urination
- Hesitancy (difficulty starting)
- Nocturia (awakened from sleep by urge to void), # of times a night \_\_\_\_\_
- Suprapubic Pain
- Urgency (strong sudden urge to urinate)
- Urinary Incontinence (leakage)

## REPRODUCTIVE

- Circumcised
- Decreased Libido
- History of Herpes
- Penile Discharge
- Scrotum/Testicular Pain
- Scrotum/Testicular Mass
- Sexual Dysfunction

## METABOLIC/ENDOCRINE

- Weight Gain
- Weight Loss

## NEUROLOGICAL

- Seizures
- Tremors

## DERMATOLOGIC

- Pruritis
- Rash

## MUSCULOSKELATAL

- Myalgias (muscle aches)

## HEMATOLOGIC

- Easy Bleeding
- Easy Bruising
- Thromboembolic Events
  - CVA – Stroke
  - MI – Heart Attack
  - DVT–Blood clot in leg/arm
  - Phlebitis – superficial veins
  - PE – Pulmonary Embolism

Name: \_\_\_\_\_ dob: \_\_\_\_\_ date: \_\_\_\_\_

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

Today's Date: \_\_\_\_\_

**Determine Your BPH Symptoms**

Circle your answers and add up your scores at the bottom.

Over the past month	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
<b>Incomplete emptying</b> – How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
<b>Frequency</b> – How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
<b>Intermittency</b> – How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
<b>Urgency</b> – How often have you found it difficult to postpone urination?	0	1	2	3	4	5
<b>Weak stream</b> – How often have you had a weak urinary stream?	0	1	2	3	4	5
<b>Straining</b> – How often have you had to push or strain to begin urination?	0	1	2	3	4	5
<b>Sleeping</b> – How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	None 0	One Time 1	Two Times 2	Three Times 3	Four Times 4	Five or More Times 5
<b>Add Symptom Scores:</b>		+	+	+	+	+

**Total International Prostate Symptom Score = \_\_\_\_\_**

1 – 7 mild symptoms | 8 – 19 moderate symptoms | 20 – 35 severe symptoms

Regardless of the score, if your symptoms are bothersome you should notify your doctor.

**Quality of Life (QoL)**

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

Have you tried medications to help your symptoms?	Yes	No
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Did these medications help your symptoms? (circle)									
1	2	3	4	5	6	7	8	9	10

No Relief

Complete Relief

Would you be interested in learning about a minimally invasive option that could allow you to discontinue your BPH medications?	Yes	No
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