THE UROLOGY GROUP www.urologygroupvirginia.com

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Name	Date of birth	Today's date
	ED EVALUATIO	N
Sexual Health History		
How long has this problem been goir	ig on? Have yo	ou had any treatment for it?
Ever have normal erections?	When was last	Erections adequate for sex?
Morning or night time erections?	Normal desire (sex drive,	, libido)? Normal orgasm?
Normal ejaculation?	Bend or curvature of per	nis? (Pyeronie's disease)
		relationship)?s?
Medical History		
High blood pressure?	Medication for	r high blood pressure?
Diabetes? Insulin use?	High cholesterol_	Medication for cholesterol?
Has your doctor told you to lose weig	tht? Calves hurt wit	th walking? Heart attack?
Coronary artery disease?	Bypass surgery?	Stroke?
Carotid artery disease?	Vascular surgery?	Neurologic problem?
Surgical History		
Prostate surgery (surgery, date)?	Bladder	r surgery (surgery, date)?
Colon/rectum surgery (surgery, date)	? Other p	pelvic surgery (surgery, date)?
Injury the pelvis, groin or penis? (inju	ry, date)?	
Social History		
Smoking history? How mai	ny packs a day? Ho	w many years have you smoked?
Current smoker? When did yo	ou quit? Alcohol use?	Drug use (marijuana, steroids)?
Medications Do you take thiazide of (except nebivolol)	iuretic (eg HCTZ)? Be	eta blocker (eg metoprolol)?

Written by: Jennifer L. Young MD, The Urology Group. Copyright 2013. Do not duplicate without permission.

Reference: Montague DK, Jarow JP, Broderick GA, et al. Erectile Dysfunction. American Urological Association Clinical Guideline 2005, reviewed and confirmed 2011. © 2005 American Urological Association, Education and Research Inc., Linthicum, MD.

http://www.auanet.org/content/clinical-practice-guidelines/clinical-guidelines.cfm?sub=ed