BELLA
WELLNESS & AESTHETICS

Males Only Intake Questionnaire

Are you currently **sexually active**? ☐ Yes ☐ No

If yes, please answer the following;

Do you initiate intercourse? ☐ Yes ☐ No

Is intercourse satisfying? ☐ Yes ☐ No

Do you achieve orgasm? ☐ Yes ☐ No

Do you suffer from premature ejaculation? ☐ Yes ☐ No

How often do you have intercourse (per day, week, month, year)? _____

Is your sex drive similar as it was 5 years ago? ☐ Yes ☐ No

Please describe: _____

List any other sexual dysfunctions: _____

What type of **contraception** are you using?

☐ Withdrawal ☐ Condoms ☐ Spermicide ☐ Vasectomy

Do you have **pain** with intercourse? ☐ Yes ☐ No

Do you have **erectile dysfunction**?

If yes, please describe _____

Do you have known **low sperm count**? ☐ Yes ☐ No

Have you had or are currently having **infertility** issues? ☐ Yes ☐ No

If yes, what type of treatments have you tried?

☐ Timed intercourse ☐ Treatment for ED ☐ Surgery, type? _____ ☐ Medications (Hormone/Antibiotics) ☐ Assisted reproductive technology ☐ Counseling ☐ Other _____

Do you have an **enlarged prostate** (BPH)? ☐ Yes ☐ No

Have you ever been diagnosed with an **elevated PSA**? ☐ Yes ☐ No

Have you ever experienced **prostatitis**? ☐ Yes ☐ No

If yes, what type of treatment did you receive? _____

Have you ever had or have **prostate cancer**? ☐ Yes ☐ No

If yes, what type of treatment did you receive? _____

Have you ever had or have **testicular cancer**? ☐ Yes ☐ No

If yes, what type of treatment did you receive? _____