Planned Parenthood of the Southern Finger Lakes, Inc.

CONFIDENTIAL MALE HEALTH HISTORY

Planned Parenthood proudly serves people of all ages, gender identities, national origins, races, and sexual orientations

Legal Name: _____ Preferred Name: _____

Gender: ❑ Woman ❑ Man ❑ Other: _____ Pronoun: ❑ He ❑ She ❑ Other: _____

ALLERGY HISTORY

Y	N		List/Comments:
		Medications	
		Food	
		Latex	
		Metals	
		Anesthesia	
		Other:	

IMMUNIZATIONS Have you been vaccinated against the following?

➲**Vaccinated for Hepatitis A?**	❑ Yes ❑ No ❑ Not sure
Series completed?	❑ Yes ❑ No ❑ Not sure
Comments:	
➲**Vaccinated for Hepatitis B?**	❑ Yes ❑ No ❑ Not sure
Series completed?	❑ Yes ❑ No ❑ Not sure
Comments:	
➲**MMR(Rubella) Vaccination?**	❑ Yes ❑ No ❑ Not sure
Comments:	
➲**Other? Please specify:**	

MEDICATION HISTORY

List all current medications including , herbal and vitamins

INFECTION HISTORY: Do you now have or have you ever had:

Have you ever had any of the following?

Y	N		Comments:
		HPV / Warts	
		Chlamydia	
		Trichomoniasis	
		Herpes	
		Gonorrhea	
		Syphilis	
		Hepatitis A, B and/or C	
		HIV	
		Other:	

HEALTH HABITS AND SOCIAL HISTORY

Y	N	
		Generally healthy
		Perform self testicular exam
		Smoke cigarettes; if yes, #_____ per day For how long?_____
		Other tobacco use; if yes,_____ per day For how long?_____
		Caffeine drinks or chocolate; if yes, #_____per day OR #_____per week
		Drink alcohol; if yes how many #_____per day OR #_____per week
		Social / street drugs; if yes type: _____per day OR _____per week
		Emotional / relationship problems
		Someone hits, slaps, kicks, or hurts you
		Are you afraid of your partner(s) / family / others?
		Sexual abuse in past, at what age:
		Any tattoos?
		Any piercings? Where?
		Recent unexplained weight gain / loss
		Did your mother take DES when she was pregnant with you?

I have answered and reviewed all of the questions on this form to the best of my knowledge.

Patient Signature **Date** **Provider Signature** **Review Date**

STAFF COMMENTS / MEDICAL HISTORY CHANGE

Date	

Name: _____

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Chart #: _____ DOB: _____ Date: _____