

How many portions of sweets, cakes, chocolates, and biscuits do you eat per day?

- 0 1 - 2 3 - 4 4 -5 More than 5

Do you feel stressed due to your work, home life or financial pressures?

- Yes No Intermittently Regularly

Medical History

Have you ever suffered from? (Please tick relevant boxes)

- Heart attack or Angina
- Rheumatic Fever
- High Blood Pressure
- High Cholesterol
- Asthma
- Bronchitis / Emphysema
- Cancer Please specify type _____
- Thyroid Disorder
- Allergies
- Migraine
- Blackouts / Seizures
- Stroke / Mini – stroke

If you have a family history of any of the conditions above, please provide details below

If you have ever been hospitalised in the past or had any operations, please provide details below

Please list any medication that you are currently being prescribed or taking as over the counter treatments such as herbal remedies

Male Wellbeing

Do you regularly examine your testicles? Yes No

Have you ever had any lumps or swelling in your testicles? Yes No

Do you get up at night to pass urine on a regular basis? Yes No

If yes, how many times a night? _____

Have you noticed any change in the flow, rate or stream of your urine? Yes No

Do you ever have a prostate examination / PSA (prostate) blood test? Yes No

Do you have pain on passing urine? Yes No

Do you ever have blood in your urine? Yes No

Do you ever have any problems with erections? Yes No

Intermittently Regularly

Would you like to discuss anything related to sexual health? Yes No

General Health

Is there any other aspect of your health that you would like to discuss? Yes No

If yes, please provide details below

Please give your completed questionnaire to your doctor

Thank You