

# Adult Male Health Maintenance Form

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

Date of Birth: \_\_\_\_\_

Dental       regular dental visits (yearly)

Vision<sup>°</sup>       no correction                       regular eye exams (yearly)  
 glasses  
 contacts

Hearing<sup>°</sup>       normal                                       decreased hearing  
 hearing aids

## Lifestyle

Diet       normal healthy diet  
 weight concerns

Exercise<sup>°</sup>      \_\_\_\_\_ times/week              \_\_\_\_\_ min/session              \_\_\_\_\_ type of exercise

## Reproductive Health

sexually active<sup>°</sup>       monogamous relationship       multiple partners

Contraceptive<sup>°</sup> type \_\_\_\_\_

not sexually active

Erectile Dysfunction

## Cancer Screening<sup>°</sup>

When was your last PSA? \_\_\_\_\_

When was your last colonoscopy? \_\_\_\_\_

## Metabolic Screen

When was your last DEXA (bone density) scan? \_\_\_\_\_