PATIENT INFORMATION

Coury Family Medicine

5424 E. Southern Avenue, Suite 101, Mesa, AZ 85206 Phone: 480-654-6200 Fax: 480-654-6214
1520 W. Guadalupe Rd. Suite 108, Gilbert, AZ 85233 Phone: 480-633-6200 Fax: 480-654-6214

WELL MAN EXAM Date: _____

Patient Name: (Last)_____ (First)_____ (MI)___ **Date of Birth**:_____

Family Planning
Are you sexually active? *YES NO*
What do you use for birth control?_____
How many partners have you had?_____
Have you ever had an STD? *YES NO*
If yes, what type?_____
Would you like STD screening? *YES NO*

Prostate/Rectal/Testicular Exam History
Have you ever had an abnormal rectal or prostate exam? *YES NO*
If yes, when:_____
Where any of the following performed?
Biopsies *YES NO*
Surgery *YES NO*
What was the result?_____
Do you do testicular self-exams? *YES NO*
Any currents concerns? *YES NO*
Have you ever had a colonoscopy? *YES NO*
If yes, when:_____
Any abnormal findings? *YES NO*

Pelvic/Abdominal Surgeries
Any prior abdominal surgeries? *YES NO*
If yes, when:_____
What was the surgery? _____

Past Medical History
Please circle if you have had now or any of the following medical conditions:

Allergies Anemia Anxiety Arthritis Asthma
*Blood Clots: where*_____
*Cancer: where*_____
Depression Diabetes Heart Disease Hernia
High Blood Pressure High Cholesterol
Lung Disease: Asthma COPD Emphysema
Migraine
*Skin Disorder: what kind:*_____
Other?_____

Details?_____

Family History
Do you have a parent or sibling with a history of colon, prostate or rectal cancer, depression, or heart disease? *YES NO*
If yes, what family member, and what disease?_____
_____
_____

Prevention History
Do you eat a well-balanced diet that is low in sugar and fats? *YES NO*
Do you exercise regularly? *YES NO*
Days per week:_____Length:_____
Type of exercise: _____
Last Tetanus shot: _____Flu shot:_____
Last EKG:_____
Tobacco use? *YES NO* How long? _____