

WellMan Clinic Questionnaire



Date:

Name:.....

DOB:.....

Method of referral:

Marital Status:..... Children:.....

Chronic illnesses.....

Sexually Transmitted Infections.....

Medication:Allergies:.....

Previous Surgery:.....

Smoking?: Alcohol?: Drugs?:

Complaints:

ED	PE	LOW LIBIDO
Duration?	Duration?	Duration?
Rigidity? %	Average time: min	OFTEN/ INFREQUENT
Sustained?	Before penetration?	
Notes:		

Previous Treatment:

.....

BP: RBS:..... Cholesterol:

Genital exam.....Urine dipstix:.....

Diagnoses:.....

Treatment: Man Sol Test dose:	Sildenafil / Levitra/ Cialis	Clomidep / Lorien
Time:		
Response: %	Staminogro/	Other:
Time:	Maximor	
Recommended dose:		