PROGRESS NOTES

DATE EACH ENTRY IN THIS COLUMN

FAMILY PLANNING MEDICAL RECORD MALE MEDICAL EXAM

COLUMIN								
	S.	Age # 0	of pregnancies fathered					
		Past medical problems:						
		Surgeries:						
		Hospitalizations:						
		History or STDs:						
		Ever been tested for HIV?	Y N	Results:				
		Medications:						
		Allergies:						
		Tobacco	Alcohol	Recreational dr	ugs			
		Any new sex partners in the last 3 months?						
		Chief complaints:						
			Painful urination		Y	N		
			Rash or lesions on per	nis or groin	Y	N		
			Penile discharge		Y	N		
			Erectile dysfunction		Y	N		
			Other problems		Y	N		
		Do you use condoms?						
		Past methods of birth control?						
		Current method of birth cor	urrent method of birth control?		oblems?			
		Do you perform self examinations of your testicles		Y	N			
	O.	BP	Weight	Height				
		Lungs		'				
		Heart						
		Abdomen						
		Inguinal/femoral nodes						
	A.	Findings:						
	P.	Orders:						
				Name:	Name:			
J								

	PF#	