

Lotus Center LLC
410 Ramapo Valley Road
Oakland, NJ 07436
201 - 337 - 0220

MALE PATIENTS

Date of last prostate checkup_____ PSA Results_____ Manual Exam Results_____

Lab finding_____

Frequency of Urination: Daytime_____ Nighttime_____ Color of Urine_____ clear murky

Odor_____

Symptoms related to prostate:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Delayed stream | <input type="checkbox"/> Retention of Urine | <input type="checkbox"/> Decreased Libido | <input type="checkbox"/> Back pain |
| <input type="checkbox"/> Dribbling | <input type="checkbox"/> Rectal Dysfunction | <input type="checkbox"/> Premature Ejaculation | <input type="checkbox"/> Groin pain |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Increased Libido | <input type="checkbox"/> Impotence | <input type="checkbox"/> Testicular pain/swelling |
| <input type="checkbox"/> Other_____ | | | |