TEXAS
PROSTATE INSTITUTE

PAE HEALTH HISTORY QUESTIONAIRE

All questions contained in this questionnaire are strictly confidential
and will become part of your medical record.

Name (Last, First, M.I.):	**DOB**:
Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed	
How did you hear about us? ☐ Dr. Referred ☐ Internet ☐ Radio ☐ Family/Friend ☐ Other	
Referring Doctor:	**Other:**
Pharmacy:	**Pharmacy #:**

HISTORY OF PRESENT ILLNESS: (check all that apply)	
☐ Frequent urination	☐ Slow or straining to void
☐ Poor stream strength	☐ Hesitancy in starting to urinate
☐ Urinary Intermittency	☐ Urinary Catheter
☐ Dribbling	☐ Incomplete voiding
☐ Complete inability to urinate	☐ UTIs (urinary tract infections)
☐ Blood in urine	☐ Diagnosed with BPH (Benign Prostatic Hyperplasia)
☐ History of prostate Nodule(s)	☐ History of prostatitis
☐ History of overactive bladder	☐ History of urethral narrowing (stenosis)
☐ History of prostate cancer	☐ History of bladder cancer
☐ Erectile dysfunction	☐ Prostate size _____
☐ Most Recent Prostate-Specific Antigen: _____	

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Associated symptoms		
☐ Abdominal Pain	☐ Suprapubic Pain	☐ Chills
☐ Fever	☐ Terminal Dribble	☐ Dysuria
☐ Abnormal bladder emptying	☐ Abnormal urinary frequency	☐ Hematuria
☐ Nocturia	☐ Urine odor	☐ Strain to void
☐ Urinary intermittency	☐ Abnormal urine stream	☐ Split urinary stream
☐ Urinary incontinence	☐ Stress incontinence	☐ Urinary retention
☐ Urgency	☐ Kidney Disease	☐ Sexual Transmitted Disease
☐ Other: _____		

Prior Tests and Imaging		
☐ MRI	☐ CT Scan	☐ Ultrasound
☐ Biopsy	☐ Uroflowmetry (urodynamics)	☐ Post-void residual volume measurement
☐ Prostate Specific Antigen: _____		

Prior Treatments		
☐ None	☐ Medication	☐ Urolift
☐ Microwave thermotherapy	☐ Rezum (water vapor / steam therapy)	☐ TURP (Transurethral Resection of Prostate)
☐ Suprapubic catheter		

Duration (How long have you had these symptoms?)		
☐ Days _____	☐ Weeks _____	☐ Months _____
☐ Years _____	☐ Date of Diagnosis: _____	

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AGGRAVATING FACTORS		
☐ None	☐ Alcohol	☐ Intercourse
☐ Tobacco use	☐ Spicy foods	☐ Atarax
☐ Acidic foods	☐ Carbonated beverages	☐ Caffeine
☐ 5-alpha-reductase inhibitor	☐ Activity	☐ Increased fluids

ALLEVIATING FACTORS		
☐ None	☐ Analgesics	☐ Antibiotics
☐ Alpha blockers (ex. Flomax, Xatral, Rapaflo)	☐ Alpha-reductase inhibitors (ex. Proscar, Avodart)	☐ Antispasmodics
☐ Fluid restrictions	☐ Bladder irrigation	☐ Antidepressants
☐ Prostatic Massage		

PAIN		
☐ None	☐ Mild	☐ Moderate
☐ Severe	☐ Improving	☐ Worsening
☐ Unchanged	☐ Current Pain (scale 1 – 10 with 1 being lowest and 10 highest): _____	

OTHER MEDICAL PROBLEMS		
☐ Heart disease / CAD	☐ Peripheral arterial disease	☐ High Blood Pressure
☐ Stroke / TIA	☐ High cholesterol	☐ Cancer
☐ COPD	☐ Hole in heart / Patent foramen ovale	☐ Migraines
☐ Blood clot / DVT	☐ Pulmonary embolus / PE	☐ Diabetes
☐ Blood clotting disorder	☐ Hepatitis	☐ HIV / AIDS
☐ Kidney Disease	☐ Sexual Transmitted Disease	☐ Other

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SURGERIES:	
Year	Operation

FAMILY HISTORY:

MEDICATIONS:

MEDICATION ALLERGIES: ☐ No known drug allergies. ☐ IV contrast allergy

SOCIAL HISTORY					
Do you smoke		☐ Yes		☐ No	
Former smoker		☐ Yes		☐ No	
If former smoker:		Years smoked?		Year quit?	
Packs per day?	☐ 0	☐ < 1	☐ 1-2	☐ 2-3	☐ > 3
Alcoholic drinks per day?	☐ 0	☐ 1-2	☐ 2-3	☐ 3-4	☐ > 4
Occupation:					

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CURRENT SYMPTOMS

GENERAL		GASTROINTESTINAL		NEUROLOGIC	
☐	Fatigue	☐	Abdominal Pain	☐	Restless Legs
☐	Fever	☐	Constipation	☐	Numbness or Tingling
☐	Weight Loss	☐	Diarrhea	☐	Headaches (Migraines)
☐	Weight Gain	☐	Nausea and Vomiting	☐	Dizziness / Lightheaded
EYES		**GENITOURINARY**		☐	Difficulty Walking
☐	Change in Vision	☐	Increased Urination	**PSYCHIATRIC**	
☐	Double Vision	☐	Urinating at Night	☐	Depression
☐	Pain	☐	Bloody Urine	☐	Anxiety
EARS, NOSE, THROAT		☐	Pelvic Pain	☐	Irritability
☐	Hearing Loss	☐	Heavy Periods	☐	Thoughts of Suicide
☐	Ear Pain	**MUSCULOSKELETAL**		**ENDOCRINE**	
☐	Nose Bleeds	☐	Leg Pain	☐	Frequent Thirst
☐	Sore Throat	☐	Leg Swelling	☐	Frequent Urination
CARDIOVASCULAR		☐	Back Pain	☐	Brittle Hair
☐	Chest Pain	**SKIN**		☐	Crave Ice
☐	Palpitations	☐	Wounds on Feet	☐	Hair Loss
☐	Prior DVT (Blood Clot)	☐	Skin Changes	**OTHER**	
☐	Heart Defect	☐	Skin Rashes or Itching	☐	
RESPIRATORY		**HEMATOLOGIC**		☐	
☐	Shortness of Breath	☐	Easy Bleeding	☐	
☐	Cough	☐	Easy Bruising	☐	
☐	Wheezing	☐	Blood Clots	☐	

TEXAS ENDOVASCULAR

International Prostate Symptom Score (IPSS)

Patient Name: Today's Date:

Determine Your BPH Symptoms — Circle your answers and add up your scores at the bottom.

Over the past month	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
Incomplete emptying – How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
Frequency – How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
Intermittency – How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
Urgency – How often have you found it difficult to postpone urination?	0	1	2	3	4	5
Weak stream – How often have you had a weak urinary stream?	0	1	2	3	4	5
Straining – How often have you had to push or strain to begin urination?	0	1	2	3	4	5
Sleeping – How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	None 0	One Time 1	Two Times 2	Three Times 3	Four Times 4	Five or More Times 5
Add Symptom Scores:	+	+	+	+	+	

Total International Prostate Symptom Score = _____

1 – 7 mild symptoms | 8 – 19 moderate symptoms | 20 – 35 severe symptoms

Quality of Life (QoL)

Regardless of the score, if your symptoms are bothersome you should notify your doctor.

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

Have you tried medications to help your symptoms?	Yes	No

Did these medications help your symptoms? (circle)

1	2	3	4	5	6	7	8	9	10

No Relief — Complete Relief

Would you be interested in learning about a minimally invasive option that could allow you to discontinue your BPH medications?	Yes	No