

OFFICE MEDICAL RECORD # _____ NAME _____

I. PREOPERATIVE DATA (to be completed by patient)

II BASELINE URINARY FUNCTION ASSESSMENT (to be completed by patient)

Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?

Diabetes

Hypercholesterolemia

Coronary Artery Disease

history of constipation

history of chronic cough

inguinal hernia

yes

III BASELINE ERECTILE FUNCTION ASSESSMENT (to be completed by patient)
during the last 4 weeks?

During the last 4 weeks

during the last 4 weeks

during the last 4 weeks