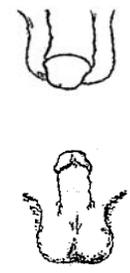


FAMILY PLANNING AND REPRODUCTIVE
HEALTH MALE FLOW SHEET

1. Last Name		First Name	MI	9. Date/Visit Type/Age: Date: _____ Type: _____ Age: _____	
2. Patient Number: _____ -H				10. Allergies:	
3. Date of Birth: _____				11. HT: _____ WT: _____ BMI: _____ B/P: _____	
4. Race: (Please Select) 1. <input type="checkbox"/> White 2. <input type="checkbox"/> Black 3. <input type="checkbox"/> American Indian 4. <input type="checkbox"/> Asian 5. <input type="checkbox"/> Native Hawaiian/Other Pacific Islander 6. <input type="checkbox"/> Other Ethnicity: Hispanic/Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No				12. Special Needs/Language:	
5. County of Residence:		Three Digit County Code		13. Physical Exam:	
6. System Review: Check if self history current; if current proceed to next section <input type="checkbox"/>		Code		Comments:	
Vision: Blurred/Spots					
Severe Headaches/Dizziness					
Chest Pains/SOB/TB					
Breast: Pain/Mass/Disch.					
Testicular: Self exam <input type="checkbox"/> Y <input type="checkbox"/> N					
Abdominal Pain/Cramps/Fever/Chills					
GI/GU/Hepatitis/Mono					
Extremities: Pain/Numbness					
Depression/Suicidal Thoughts					
Genital Discharge/Pain/Burning/Itching					
>1 partner last year? <input type="checkbox"/> Y <input type="checkbox"/> N					
Partner hx/change in risk factors					
Number of lifetime sex partners					
GC/Chlamydia/Syphilis/HSV/HIV/HPV					
Coital: Pain/Bleeding/ ↓ Libido					
Family Violence/Abuse					
Tobacco/Alcohol/Drugs					
Meds: Rx/OTC/Vit/Supplements					
Immunizations: Tdap/MMR/HepB/Twinrix					
Illness/Hospitalization/Surgery					
Elective Surgery Planned					
Changes in Family Medical History					
Other Problems					
7. Education/Counseling Information needed to: (check all that apply)					
<input type="checkbox"/> Make informed decision about FP <input type="checkbox"/> Use specific methods of contraception and identify adverse effects <input type="checkbox"/> Perform self testicular exam <input type="checkbox"/> Reduce risk of transmission of STDs and HIV <input type="checkbox"/> Understand the range of available services and the purpose and sequence of clinic procedures <input type="checkbox"/> Understand the importance of recommended screening tests and other procedures involved in FP <input type="checkbox"/> Understand BMI greater than 25 is a health risk (weight management educational materials to be provided to clients with a BMI of 25 or greater) <input type="checkbox"/> Stop tobacco use, implementing the 5A counseling approach (Rec)					
8. Client Method Counseling Individual dialogue covers:				14. Labs:	
<input type="checkbox"/> Effective use of contraception (benefits and efficacy) <input type="checkbox"/> Possible side effects/complications <input type="checkbox"/> How to d/c method selected (information on back up method, use emergency contraception).				GC <input type="checkbox"/> Y <input type="checkbox"/> N HIV <input type="checkbox"/> Y <input type="checkbox"/> N Hct/Hgb <input type="checkbox"/> Y <input type="checkbox"/> N RPR <input type="checkbox"/> Y <input type="checkbox"/> N Glucose <input type="checkbox"/> Y <input type="checkbox"/> N U/A <input type="checkbox"/> Y <input type="checkbox"/> N Chlamydia <input type="checkbox"/> Y <input type="checkbox"/> N PSA <input type="checkbox"/> Y <input type="checkbox"/> N Hemocult <input type="checkbox"/> Y <input type="checkbox"/> N Cholesterol <input type="checkbox"/> Y <input type="checkbox"/> N Hepatitis B <input type="checkbox"/> Y <input type="checkbox"/> N Other Tests Done: _____	
				15. Plan/Tx/Referral: Ancillary notes rev. <input type="checkbox"/> Findings Rev. <input type="checkbox"/> Nurse Interviewer: _____ Examiner Signature: _____	
				16. Contraceptive Supplies:	
				Comments: <input type="checkbox"/> Condoms Other: _____ None: _____ Signature: _____	
				17. Records requested from another facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Name of facility?	
				Address of facility?	
				18. Next Appointment:	
				19. Referrals Made:	