

REGIONAL WRITE-UP—MALE GENITOURINARY SYSTEM

Date _____

Examiner _____

Patient _____ Age _____ Gender _____

Reason for visit _____

I. Health History

	No	Yes, explain
1. Any urinary frequency, urgency , or awakening during night to urinate?	_____	_____
2. Any pain or burning with urinating?	_____	_____
3. Any trouble starting urine stream ?	_____	_____
4. Urine color cloudy or foul-smelling ?	_____	_____
Red-tinged or bloody ?	_____	_____
5. Any problem controlling your urine ?	_____	_____
6. Any pain or sores on penis?	_____	_____
7. Any lump in testicles or scrotum?	_____	_____
Do you perform testicular self-examination?	_____	_____
8. In relationship now involving intercourse?	_____	_____
Use a contraceptive? Which one?	_____	_____
9. Any contact with partner who has sexually transmitted infection?	_____	_____

II. Physical Examination

A. Inspect and palpate penis

Skin condition _____

Glans _____

Urethral meatus _____

Shaft _____

B. Inspect and palpate scrotum

Skin condition _____

Testes _____

Spermatic cord _____

Transillumination (if indicated) _____

C. Inspect and palpate for hernia

Inguinal canal _____

Femoral area _____

D. Palpate inguinal lymph nodes _____

E. Teach testicular self-examination

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Summarize your findings using the SOAP format.

Subjective (Reason for seeking care, health history)

Objective (Physical examination findings)

Assessment (Assessment of health state or problem, diagnosis)

Plan (Diagnostic evaluation, follow-up care, patient teaching)