



## Patient Demographics

Name ( First, Last) \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Patient Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Gender: Male Female Height \_\_\_\_\_ Weight \_\_\_\_\_

Occupation \_\_\_\_\_ Marital Status: Single Married Divorced

If Applicable: Wife/ Husband's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Wife/ Husband's Occupation: \_\_\_\_\_

Number of Children \_\_\_\_\_

## Lifestyle

Do you smoke? YES NO If yes, how much per day \_\_\_\_\_

Do you drink alcohol? YES NO If yes, how much per day \_\_\_\_\_

Do you drink caffeine? YES NO If yes, how much per day \_\_\_\_\_

Do you exercise? YES NO If yes, please describe \_\_\_\_\_

# Personal Medical History

Current Medications (name, dosage, frequency):

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Medication or food allergies, and reaction:

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Current vitamins or supplements:

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Past Surgical History:

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Previous or currently diagnosed medical issues

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Urological History	YES	NO	If yes, explain
Urinary Infection			
Genital Trauma			
Other			

## Family History

	YES	NO	If yes, explain
Diabetes			
Hypertension			
Stroke			
Heart Disease			
Cancer			
Infertility			
Thyroid Problems			

## Testosterone Treatment Checklist

	YES	NO
Decreased sense of well being		
Difficulty Sleeping		
Decreased Energy		
Decreased Concentration or Memory		
Decreased Sex Drive		
Decreased Muscle Strength		
Weight Gain		
Thinning or Hair Loss		
Heat or Cold Intolerance		
Mood Swings		
Sadness, Depression		
Hot Flashes		
Prolonged Exercise Soreness		

## Additional Questions

How many times do you empty your bladder at night? \_\_\_\_\_ Has this changed in the last 12 mon.? \_\_\_\_\_

Do you have problems with erectile dysfunction or ejaculation? \_\_\_\_\_

Have you had a kidney, bladder, or prostate infection in the last 12 mon? \_\_\_\_\_

Do you have blood in you urine? \_\_\_\_\_ Date of last PSA test? \_\_\_\_\_

Have you ever been on a Testosterone program before? If yes, please explain

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How did you hear about us?! \_\_\_\_\_



## Privacy Policy Acknowledgement

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

This is an acknowledgement stating Men's Peak Performance will keep all medical records confidential unless stated otherwise below. This authorization will remain effective unless revoked in writing.

I have given permission for the office of Men's Peak Performance to discuss my medical history/ condition with the following person(s):

Name: \_\_\_\_\_

Limited time

\_\_\_\_\_

Until Rescinded

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Consent to Use Chartnote AI Scribe during Medical Encounters

Dear Patient,

We are committed to providing the best possible care for you, and as part of this commitment, we are continually looking for ways to enhance our services.

We would like to inform you about a new technology that we are using called Chartnote AI Scribe. Chartnote AI Scribe is an artificial intelligence (AI) tool that assists us during patient encounters by generating clinical notes based on our conversations. This tool allows us to focus more on you, the patient, and less on computer documentation.

### What is Chartnote AI Scribe?

Chartnote AI Scribe is a tool that listens to the conversation during a medical consultation and generates a written summary or "note" based on that conversation. This note is then reviewed and approved by your doctor.

### How will this affect you?

The AI tool does not interact with you directly. It merely listens to the conversation and creates a summary. This can allow the doctor to focus more on the visit and less on taking notes.

### Data Privacy and Confidentiality

We want to assure you that your privacy is our utmost priority. The AI tool adheres strictly to Health Insurance Portability and Accountability Act (HIPAA) compliance guidelines to ensure your data is secured and protected. Only the healthcare professionals involved in your care will have access to these notes.

### Your Consent

Your participation is completely voluntary. If you agree to the use of Chartnote AI Scribe during your consultations, please sign and date the form below. If you have any questions or concerns, please feel free to discuss them with us.

I, \_\_\_\_\_, consent to the use of Chartnote AI Scribe during my medical encounters/appointments.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your understanding and cooperation.

Best Regards,

Victor Fuselier, MS, PA-C