N.C. Department of Health and Human Services
Office of Public Health Nursing & Professional Development

FAMILY PLANNING AND REPRODUCTIVE HEALTH MALE FLOW SHEET

1. Last Name | First Name | MI

2. Patient Number

3. Date of Birth (MM/DD/YYYY) — Month | Day | Year

4. Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ Unknown ☐ White

5. Ethnic Origin ☐ Hispanic Cuban ☐ Hispanic Mexican American ☐ Hispanic Other ☐ Hispanic Puerto Rican ☐ Not Hispanic/Latino ☐ Unreported

6. Gender ☐ Female ☐ Male

7. County of Residence

8. System Review: Check if self history current; if current proceed to next section. ☐	**Code**	**Comments:**
Vision: Blurred/Spots		
Severe Headaches/Dizziness		
Chest Pains/SOB/TB		
Breast: Pain/Mass/Disch.		
Testicular: Self exam ☐ Y ☐ 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? ☐ Y ☐ 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		

9. Education/Counseling: Information needed to: (check all that apply)

- ☐ Make informed decision about FP
- ☐ Use specific methods of contraception and identify adverse effects
- ☐ Perform self testicular exam
- ☐ Reduce risk of transmission of STDs and HIV
- ☐ Understand the range of available services and the purpose and sequence of clinic procedures
- ☐ Understand the importance of recommended screening tests and other procedures involved in FP
- ☐ 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)
- ☐ Stop tobacco use, implementing the 5A counseling approach (Rec)

10. Client Method Counseling:

Individual dialogue covers:

- ☐ Effective use of contraception (benefits and efficacy)
- ☐ Possible side effects/complications
- ☐ How to d/c method selected (information on back up method, use emergency contraception)

11. Date/Visit Type/Age Date: Type: Age:

12. Allergies:

13. HT: **WT:** **BMI:** **B/P:**

14. Special Needs/Language:

15. Physical Exam:	**Code**	**Comments:**
Skin		
HEENT		
Neck/Thyroid		
Lungs		
Heart		
Abdomen		
Musc. Skeletal		
Extremities		
Prostate		
Penis		
Testicles		
Testicular exam taught/reviewed		
Rectum		Circumcised? ☐ Y ☐ N

16. Labs:

GC	☐ Y	☐ N	RPR	☐ Y	☐ N
Hct/Hgb	☐ Y	☐ N	U/A	☐ Y	☐ N
Chlamydia	☐ Y	☐ N	PSA	☐ Y	☐ N
Hemocult	☐ Y	☐ N	Cholesterol	☐ Y	☐ N
Heptatitis B	☐ Y	☐ N	Other Tests Done:		
HIV	☐ Y	☐ N			

17. Plan/Tx/Referral: Ancillary notes rev. ☐ Findings Rev. ☐

Nurse Interviewer: _____

Examiner Signature: _____

18. Contraceptive Supplies:

Comments:

☐ Condoms

Other:_____ None:_____

Signature: _____

19. Records requested from another facility? ☐ Yes ☐ No

Name of facility?

Address of facility?

20. Next Appointment:

21. Referrals Made: