

**004: Urological examination**

Study number .....

Date of examination:.....

Dr. ....

Height : ..... cm                      Weight ..... kg                      Postal code: .....

Pubic hair: 1    2    3    4    5    6    (Tanner Grade - see explanations)

**Scar(s) (surgery) :**     No                       Yes ⇒  Phimosis     Hypospadia   

Circumcision

⇒ Inguinal region     right                       left

⇒ Scrotum                       right                       left

**Penis :**                       Normal                       Abnormal \*

Testis position	Position low	Position high	Inguinal canal	Absent
Left	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Testis firmness	Normal	Soft	Hard
Left	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Testicular tumor	Yes	No
Left	<input type="radio"/>	<input type="radio"/>
Right	<input type="radio"/>	<input type="radio"/>

Epididymis	Normal	Abnormal
Left	<input type="radio"/>	<input type="radio"/>
Right	<input type="radio"/>	<input type="radio"/>

Ductus deferens	Tangible	Not within reach
Left	<input type="radio"/>	<input type="radio"/>
Right	<input type="radio"/>	<input type="radio"/>

Varicocele	None	with Valsalva	without Valsalva	visible
Left	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Hydrocele	Yes	No
Left	<input type="radio"/>	<input type="radio"/>
Right	<input type="radio"/>	<input type="radio"/>

Testis sizes	Orchidometer	US
Left	.....	.....
Right	.....	.....

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**Anamnesis**

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- Drugs :**                             No       Yes      which:.....
- Anabolic steroids :**             No       Yes      which:.....
- Anti-inflammatories :**         No       Yes      which:.....
- Proton pump inhibitors :**     No       Yes      which:.....
- Sports :**                             No       Yes      which:.....
- Fever :**                             No       Yes      how much/duration:.....

**Last ejaculation:**

- Date: .....
- Time: .....

**Remarks (\*)**

**Document available in FR, DE, IT, EN**

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