# Erectile dysfunction: visit-preparation checklist

A private, printable preparation sheet

**General health information only.** This page does not diagnose a condition or replace an assessment by a qualified clinician.

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A privacy-preserving preparation sheet. Leave blanks if you prefer.

| Before the visit | Bring or note |
|---|---|
| Pattern | Onset, situational versus persistent, erections during sleep/masturbation/partner activity |
| Other sexual symptoms | Desire, orgasm, ejaculation, pain, curvature or urinary changes |
| Clinical context | Medicines, supplements, substances, allergies, diabetes, blood pressure and cholesterol |
| Safety | Any nitrate medicine, “poppers,” chest symptoms or painful persistent erection |
| History | Pelvic/prostate surgery, radiation, injury, neurologic or sleep history |
| Goals | What you want to understand or improve first |
| Support | A trusted person only if you want company |

This checklist is not stored or submitted and does not replace an assessment.

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