

Patent Information

Gender: Male Female

Date of birth: ___/___/_____

Patient Medical History

(check all that applies)

Previous history using PDE₅-I's:

Brand: _____

Frequency: Once Occasionally prior to sexual intercourse Regularly prior to sexual intercourse Non-responder

Smoker:

How many packs/day? _____

Drinker:

How many drinks/week? _____

On prescription medications:

Anti-depressants

Anxiety

High blood pressure

History of penile tumor, prostate tumor or testicular tumor

History of local tumor at the treatment area

History of infection at the treatment area

- If patient has a history of using PDE₅-I's but did not respond the severity of the case should be considered and treatment expectation should be discussed
- If patient has a history using any of any of the listed prescription medications careful assessment of their

IIEF Assessment

(conducted during consultation process to assess if the patient is a candidate for LI-EWST)

___/___/_____

Score

Date completed

- > 26: Normal (no ED) 22 – 25: Mild ED 17 – 21: Mild to moderate ED 11 – 16: Moderate ED
 0 – 10: Severe ED

EHS Assessment: "How would you rate degree of your erectile harness?"

(conducted at prior to Tx 1, prior to Tx 5 and 3 weeks post Tx 6)

EHS (baseline) _____ Date: ___/___/_____

EHS (mid-tx) _____ Date: ___/___/_____

EHS (final) _____ Date: ___/___/_____

4: Penis is completely hard and fully ridged (No ED: IIEF > 20)

3: Penis is hard enough for penetration, but not completely hard (Mild ED: IIEF 16 – 20)

2: Penis is hard but not hard enough for penetration (Moderate ED: IIEF 11 – 15)

1: Penis is larger, but not hard (Severe ED: IIEF <12)

0: Penis does not enlarge