pharmadoctor

Erectile dysfunction
Risk Assessment Form

How to use this form

To ensure the security of patient information, all consultations are to be completed in your Pharmadoctor account using the eTool, with this paper form only used to record the consultation ID (generated by the eTool at the patient consent stage) and the medical details (fields in black ink with bold borders).

Only if you do not have access to your Pharmadoctor account at the time of the consultation should the fields in grey text be filled out. You must then upload the consultation details at a later time when you have access to the Pharmadoctor eTool.

Patient details

Consultation ID	Date of birth: __ / __ / ____ Age: ________
Full name:	Home Address:
Email:	
Telephone:	Name & Address of GP
NHS number: (optional)	Would you like your GP to be informed of this consultation? Yes ☐ No ☐

Please answer the following questions

Have you had a serious reaction to an ED medicine before? Yes ☐ No ☐ *If yes, please describe the product/reaction*	Do you have higher or lower than normal blood pressure? Yes ☐ No ☐ *If yes, please provide details*
Have you been advised to avoid strenuous exercise? Yes ☐ No ☐ *If yes, please provide the reason*	Do you have a medical history of the following: heart disease, heart failure, heart attack, arrhythmias (heart rhythm problems), angina (chest pain during exertion), stroke, mini stroke (transient ischaemic attack), sight loss due to poor circulation, inherited eye disease – retinitis pigmentosa, severe kidney or liver disease, deformity of the penis (e.g. Peyronie's disease), painful erections, sickle cell disease / leukaemia / multiple myeloma, bleeding conditions (e.g. haemophilia), stomach ulcers (e.g. gastric/peptic ulcer)? Yes ☐ No ☐
Is walking or running difficult for you? Yes ☐ No ☐	Do you have symptoms of depression and have not seen a GP? Yes ☐ No ☐ *If yes, please provide details*
Do you have difficulty in getting or maintaining an erection? Yes ☐ No ☐	Are you aware that erectile dysfunction can sometimes mask underlying medical conditions, so it is recommended that you agree to consult your doctor about this? Yes ☐ No ☐
Do you have any recent or past medical history of note? Yes ☐ No ☐ *If yes, please provide details below*	Do you take any current or repeat medicines? Yes ☐ No ☐ *If yes, please list them in the box below*

Please provide details of any recent or past medical history of note (e.g. other medical conditions that you have previously been treated for)

Please list all your current prescription medication including any medication you buy over the counter

Erectile Dysfunction severity indicator test

Over the past 6 months:						
1. How do you rate your confidence that you could get and keep an erection?		Very Low	Low	Moderate	High	Very High
		1	2	3	4	5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	No sexual activity	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost most always or always
	0	1	2	3	4	5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	Did not attempt intercourse	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than, half the time	Almost always or always
	0	1	2	3	4	5
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	Did not attempt intercourse	Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult
	0	1	2	3	4	5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	Did not attempt intercourse	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than, half the time)	Almost always or always
	0	1	2	3	4	5

Add the numbers corresponding to questions 1-5.

TOTAL:________________

The Sexual Health Inventory for Men further classifies ED severity with the following breakpoints:

- 1-7 - Severe ED **Excluded**
- 8-11 - Moderate ED **Included**
- 12-16 - Mild to Moderate ED **Included**
- 17-21 - Mild ED **Excluded**

Patient consent

1. I have received information on the risks and benefits of the medicine, and I have had the opportunity to ask questions. The medical information I have provided is true and accurate to the best of my knowledge, and I consent to the medicine being administered.
2. I understand that my personal information, including name, surname, email, telephone, date of birth (DOB), address, NHS number, and GP details, will be securely uploaded to the Pharmadoctor website for electronic storage, and it will be kept in line with data protection regulations along with the details of the consultation (i.e., medicines provided).
3. I authorise the collection, storage, and secure transmission of my information for the purposes mentioned above.
4. I acknowledge that after the consultation, the details of my medication and consultations will be accessible through my Pharmadoctor account, using the provided email address for login.
5. I understand that I can speak to a member of staff about any queries regarding the Pharmadoctor consultation or the processing of personal data for this consultation, including exercising my rights under data protection legislation.

Verbal consent (if used)

I confirm that the patient, parent or guardian has given verbal consent.	☐

Written consent (if used)

Patient signature:	**Date:**

Additional information (healthcare professional use)	
Further information that may be relevant	

Additional advice					
Smoking ☐	Alcohol ☐	Depression ☐	ED medicines side effects ☐	Patient information leaflet given ☐	Lifestyle advice ☐

Supply record (healthcare professional use)							
Medicine name	Date provided	Administration method	Quantity	Strength	Batch number	Drug expiry date	Price
Comments							
Comments							
Comments							
Comments							