

Patient Name:\_\_\_\_\_ Date:\_\_\_\_\_

If you have ever taken even one dose of any of the following medication / supplements, please place a check next to it.

\_\_\_ Alfuzosin

\_\_\_ Avodart

\_\_\_ Cardura

\_\_\_ Cozaar

\_\_\_ Doxazosin

\_\_\_ Dutasteride

\_\_\_ Finosteride

\_\_\_ Flomax

\_\_\_ Hytrin

\_\_\_ Losartan

\_\_\_ Minipress

\_\_\_ Prazosin

\_\_\_ Proscar

\_\_\_ Prostate medication

\_\_\_ Rapaflo

\_\_\_ Saw Palmetto

\_\_\_ Silodosin

\_\_\_ Tamsulosin

\_\_\_ Terazosin

\_\_\_ I have never used any of these medications/supplements before