This checklist is intended to assist urologists and other health care providers as a resource of urological and non-urological men’s health considerations and to better coordinate their care between providers. While references to other AUA policy or guidelines materials are included, this checklist is not meant to take the place of other clinical, peer-reviewed documents. Readers are encouraged to review specific clinical guidelines or other policies, as well as other interpretative materials for a full and accurate statement of their contents.
### Common Symptoms/Complaints

**UROLOGY SPECIFIC**

<table>
<thead>
<tr>
<th></th>
<th>AGE 18-39</th>
<th>AGE 40-49</th>
<th>AGE 50-69</th>
<th>AGE 70+</th>
</tr>
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<tbody>
<tr>
<td><strong>VOIDING HEALTH</strong></td>
<td>LUTS (IPSS if present)/stricture disease</td>
<td>LUTS (IPSS if present)/stricture disease</td>
<td>LUTS/BPH (IPSS)</td>
<td>LUTS/BPH (IPSS)</td>
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<td></td>
<td>Hematuria</td>
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<td>Urolithiasis</td>
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<td>Genitourinary pain</td>
<td>Genitourinary pain</td>
<td>Genitourinary pain</td>
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<tr>
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<td>Dysuria/discharge</td>
<td>Dysuria/discharge</td>
<td>Dysuria/discharge</td>
<td>Dysuria/discharge</td>
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<tr>
<td><strong>REPRODUCTIVE HEALTH</strong></td>
<td>Male infertility</td>
<td>Male infertility</td>
<td>(Male infertility)</td>
<td>STDs/HIV</td>
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<tr>
<td></td>
<td>Contraception</td>
<td>Contraception</td>
<td>Contraception</td>
<td>(Contraception)</td>
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<td>Undescended testes</td>
<td>Undescended testes</td>
<td>Scrotal disorders</td>
<td>STDs/HIV</td>
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<td>Tests masses</td>
<td>Tests masses</td>
<td>STDs/HIV</td>
<td>(STDs/HIV)</td>
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<tr>
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<td>Varicoceles and scrotal disorders</td>
<td>Varicoceles and scrotal disorders</td>
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<tr>
<td><strong>SEXUAL HEALTH</strong></td>
<td>Symptomatic Androgen Deficiency (avoid testosterone use)</td>
<td>Symptomatic Androgen Deficiency</td>
<td>Symptomatic Androgen Deficiency</td>
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<td>Premature and other ejaculation disorders</td>
<td>Sexual activity/erectile function</td>
<td>Sexual activity/erectile function</td>
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<td>Peyronie’s</td>
<td>Peyronie’s</td>
<td>Peyronie’s</td>
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<td></td>
<td>Facilitated with the IIEF (or EF portion of the IIEF, or modified IIEF called SHIM)</td>
<td>Premature and other ejaculation disorders</td>
<td>Facilitated with the IIEF (or EF portion of the IIEF, or modified IIEF called SHIM)</td>
<td>Facilitated with the IIEF (or EF portion of the IIEF, or modified IIEF called SHIM)</td>
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<tr>
<td><strong>FOCUSED EXAM</strong></td>
<td>Weight and blood pressure</td>
<td>Weight and blood pressure</td>
<td>Weight and blood pressure</td>
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<td>BMI/Waist</td>
<td>BMI/WC</td>
<td>BMI/WC</td>
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<td>Full genitourinary exam</td>
<td>Full genitourinary exam</td>
<td>Full genitourinary exam</td>
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<td>Full genitourinary exam</td>
<td>DRE (depending on FH and race)</td>
<td>DRE (age 55-69)</td>
<td>DRE (based on health and life expectancy)</td>
</tr>
</tbody>
</table>

**Notes:**

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See [www.UrologyHealth.org](http://www.UrologyHealth.org) for additional men’s health articles and references.
### HEALTH MAINTENANCE

<table>
<thead>
<tr>
<th>AGE 18-39</th>
<th>AGE 40-49</th>
<th>AGE 50-69</th>
<th>AGE 70+</th>
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<tbody>
<tr>
<td>Weight/physical activity/ nutrition(^{1,2,5})</td>
<td>Weight/physical activity/ nutrition(^{1,2,5})</td>
<td>Weight/physical activity/ nutrition(^{1,2,5})</td>
<td>Weight/physical activity/ nutrition(^{1,2,5})</td>
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<td>Instruction in male hygiene/self-exam</td>
<td>Instruction in male hygiene/self-exam</td>
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<td>OTCs/supplements and stimulants</td>
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<td>Tobacco/alcohol/ substance abuse(^2)</td>
<td>Tobacco/alcohol/ substance abuse(^2)</td>
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<td>Mental health (suicide, depression, PTSD)</td>
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### HEALTH SCREENING

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<tbody>
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<td>Hypertension(^2)</td>
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<td>Lipid profile(^{15})</td>
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<td>Lipid profile (age 20-35 if increased CVS risk and all men ≥35)(^{25})</td>
<td>Hypertension(^2,4)</td>
<td>Hypertension(^2,4)</td>
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<td>Metabolic assessment(^{6,16})</td>
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<td>Alcohol misuse</td>
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<td>Obesity (BMI, WC)(^{2,3})</td>
<td>Obesity (BMI, WC, total testosterone)(^{20})</td>
<td>Obesity (BMI, WC, total testosterone)(^{20})</td>
<td>Obesity (BMI, WC, total testosterone)(^{20})</td>
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<td>Management of cholesterol/ lipid profile/endocrine issues if sexual dysfunction or infertility(^{21,22})</td>
<td>Fasting blood sugar(^6)</td>
<td>Fasting blood sugar(^6)</td>
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<td>Infection prevention (e.g. cancer patients)</td>
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<td>Additional blood work depending on complaint</td>
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<td>Discussion of Preventive Services for HIV, Hepatitis, STDs, and TB in increased risk behavior/illicit drug users(^{13})</td>
<td>Discussion of Preventive Services for HIV, Hepatitis, STDs, and TB in increased risk behavior/illicit drug users(^{13})</td>
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<td>Thyroid screening (from age 35)(^{17})</td>
<td>Thyroid screening(^{17})</td>
<td>Thyroid screening(^{17})</td>
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### CANCER SCREENING

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<tbody>
<tr>
<td>Testicular (self-examination)*</td>
<td>Testicular (self-examination)*</td>
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<tr>
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<td>Skin examination*</td>
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<tr>
<td></td>
<td>Colorectal cancer screening(^{18})</td>
<td>Colorectal cancer screening(^{18})</td>
<td>Colorectal cancer screening(^{18})</td>
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<td>Prostate cancer screening with PSA in men with strong family history and/or AA race(^{**10})</td>
<td>Prostate cancer screening from age 55-69 with PSA to be discussed with men and shared decision making every 2 years(^{**10})</td>
<td>Prostate cancer screening from age 55-69 with PSA to be discussed with men and shared decision making every 2 years(^{**10})</td>
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</tbody>
</table>

* Level of evidence insufficient/poor (USPSTF) but may be indicated with symptoms and/or higher risk cases  ** No screening if life expectancy <10-15 years

** Do not recommend routine PSA screening, unless in very good health with >10-15 year life expectancy**
References:


8. Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedule for Adults Aged 19 Years and Older-United States, 2013. MMWR.


13. AUA. Revised January 2014 by: Ajay Nangia MBBS (Chair); Kevin Loughlin MD, MBA; Culley Carson III, MD; Martin Miner MD; Jeffrey Holzbeierlein MD; Wayne Hellstrom MD; Stan Honig MD; Peter Kolettis MD and Tomas Griebling MD, MPH

Approved by the AUA Board of Directors, May 2014.