UROLOGY- MEDICAL HISTORY

RECENT SYMPTOMS-(please circle current problems

UROLOGIC:
Incontinence
Stress Incontinence
Urge Incontinence
Mixed Incontinence
Dysuria
Hematuria
Nocturia
Urgency
Frequency
Dribbling
Hesitancy
Incomplete emptying
Leakage of urine
Straining
Vaginal discharge
Flank pain

CONSTITUTIONAL:
Weight Loss
Weight Gain
Loss of Appetite
Fever
Diminished Activity
Fatigue

EYES:
Eye Pain/itchiness
Blurry Vision
Eye Redness/Swelling

ENMT:
Ear Pain
Ear Discharge
Hearing Loss
Sinus Pressure
Facial Swelling
Congestion
Sore Throat

CARDIO-VASCULAR:
Chest Pain
Palpitations
Shortness of breath
Pain in legs when walking
Leg swelling

RESPIRATORY:
Cough
Wheezing
Chest Tightness
Pain with Respiration
Noisy Breathing
Rapid Respirations
Difficulty Breathing

ALLERGY/IMMUNO LOGIC:
Sneezing
Runny Nose

MUSCULOSKELETAL:
Back pain
Joint pain
Myalgia
History of falls in the last year

GASTRO:
Difficulty swallowing
Abdominal Pain
Nausea
Vomiting
Diarrhea
Constipation
Blood in Stool
Mucus in stool

SKIN:
Pain
Itchiness
Dry Skin
Flaking
Redness
Rash
Diaper Rash
Hives
Skin Lesions
Skin Growths
Skin Lumps
Bruising
Insects Bites

NEUROLOGIC:
Numbness
Weakness
Tingling
Burning
Shooting Pain
Headache
Dizziness
Loss of Consciousness

PSYCHIATRIC:
Depression
Anxiety
Insomnia
Stress
Loss of Interest

ENDOCRINE:
Increased Thirst
Increased Drinking
Temperature Intolerance

ALLERGY/IMMUNO LOGIC:
Sneezing
Runny Nose

PRIMARY CARE PROVIDER: _____

PHARMACY: _____ **CITY:** _____

Please List All Medications You Are Taking (including non-prescription)

_____ _____
_____ _____
_____ _____

ALLERGIES-(please fill in the boxes that apply)
☐None ☐Codeine ☐Fentanyl ☐Penicillin ☐Propofol/Diprivan ☐IV Contrast Dye ☐Eggs ☐Aspirin ☐Demerol ☐Morphine ☐Sulfa ☐Versed ☐Latex ☐Methimazole ☐Propylthiouracil
☐Other_____

ARE YOU ON ANY OF THE FOLLOWING BLOOD THINNERS? (CHECK ALL THOSE THAT APPLY)
☐ ASPIRIN ☐ PLAVIX ☐ EFFIENT ☐ AGGRENOX ☐ WARGARIN/COUMADIN ☐ PRADAXA ☐ XARELTO
☐ OTHER: _____

SOCIAL HISTORY:

MARITAL STATUS:
☐ Single ☐ Married
☐ Widowed ☐ Divorced
☐ Separated
☐ Same-Sex Partner

ALCOHOL HISTORY:
☐ Never
☐ Occasional
☐ Less than 7 drinks/day
☐ More than 7 drinks/day
☐ Quit alcohol

CAFFEINE INTAKE:
☐ Never
☐ Occasional
☐ Less than 7 drinks/day
☐ More than 7 drinks/day

EXERCISE:
☐ Never
☐ Less than 3 days/week
☐ 3-7 days/week

RECREATIONAL DRUGS:
☐ Never
☐ In the past
☐ Currently using
☐ In treatment

TOBACCO STATUS (Smoking):
☐ Never
☐ Quit tobacco
☐ Less than 1 pack/day
☐ 1 pack/day ☐ 2-4 pack/day

Age started: _____
Years used: _____
Chewing:
☐ Never
☐5+ pack/day

PAST MEDICAL ILLNESSES-(please circle those that apply)

AIDS/HIV
Abdominal Pain
Anemia
Anesthesia Complications
Aneurysm
Anxiety Disorder
Arthritis
Asthma
Atrial Fibrillation
Bladder or Kidney Problems
Bleeding Disorder
Blood Diseases
Blood Transfusion
Breast Cancer
Cancer
Carpal Tunnel Disorder
Cervical Cancer
Cirrhosis
Colon Cancer
Colon Polyps
CHF-Congestive Heart Failure
Coronary Artery Disease
Crohn's Disease
DVT
Depression
Diabetes
Diabetic Retinopathy
Diverticulitis/Diverticulosis
Emphysema
Encephalitis
Endometriosis
Esophageal Cancer
Fatty Liver
Fibromyalgia
GERD/Reflux
Gallbladder
Glaucoma
Heart Attack
Heart Disease/Heart Problems
Hepatitis
Hepatitis B
Hepatitis C
Herpes Labialis
Herpes Zoster
High Blood Pressure
High Cholesterol
Hypercalcemia
Hyperlipidemia
Hypertensive Cardiovascular Disease
Hyperthyroidism
Hypothyroidism
Incontinence
Irritable Bowel Syndrome
Ischemic Neurologic Deficit
Kidney Disease
Kidney Stones
Liver Disease
Lung Disease
Lupus
Obesity
Obstructive Sleep Apnea
Onychomycosis
Other: _____
_____
Ovarian Cancer
Pancreatitis
Peripheral Vascular Disease
Polyps
Post Menopause
Prostate Disease
Seizure/Epilepsy
Skin Cancer
Sleep Apnea
Stroke
Sudden Weight Change
Ulcerative Colitis
Ulcer

PAST SURGICAL HISTORY (please put date by procedure):

Abdomen Exploration_____
Colon Surgery _____
Gastric Bypass Surgery_____
Hysterectomy _____
Prostate Surgery_____
Other: _____

FAMILY HISTORY(please list which member):

	Mother	Father	Bro.	Sis.	Grandparents
Colon Cancer/Polyps:	_____	_____	_____	_____	_____
Breast Cancer:	_____	_____	_____	_____	_____
Heart Disease:	_____	_____	_____	_____	_____
Liver Disease:	_____	_____	_____	_____	_____
Kidney Disease:	_____	_____	_____	_____	_____
Crohn's/Ulcerative Colitis:	_____	_____	_____	_____	_____
Thyroid Disorder:	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____