

# MEDICAL HISTORY

PATIENT NAME: \_\_\_\_\_ DOB \_\_\_\_\_ DATE: \_\_\_\_\_

UROLOGY PHYSICIAN NAME: \_\_\_\_\_ REFERRING DOCTOR: \_\_\_\_\_

PROBLEM/CHIEF COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

**Medications: (name and dosage)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

(Medication) Allergies: \_\_\_\_\_

\_\_\_\_\_

**Medical History:**

|                       | Yes | No |                   | Yes | No |                         | Yes | No |
|-----------------------|-----|----|-------------------|-----|----|-------------------------|-----|----|
| Abnormal Pap          |     |    | Diabetes mellitus |     |    | Liver disease           |     |    |
| Asthma                |     |    | HIV/AIDS          |     |    | Stroke                  |     |    |
| Clotting Disorder     |     |    | Hormone problems  |     |    | Thyroid disease         |     |    |
| Colitis/bowel disease |     |    | Hypertension      |     |    | Ulcers                  |     |    |
| Colon polyps          |     |    | Infertility       |     |    | Urinary tract infection |     |    |
| COPD                  |     |    | Kidney Disease    |     |    |                         |     |    |

**Family History**



**COMMENTS:**

| <b><u>GI</u></b>    | <b>Yes</b> | <b>No</b> |
|---------------------|------------|-----------|
| Abnormal Distention |            |           |
| Abnormal Pain       |            |           |
| Anal Bleeding       |            |           |
| Blood in stool      |            |           |
| Constipation        |            |           |
| Diarrhea            |            |           |

| <b>Hematologic</b>    | <b>Yes</b> | <b>No</b> |
|-----------------------|------------|-----------|
| Adenopathy            |            |           |
| Bruises/bleeds easily |            |           |

| <b>Psychiatric</b> | <b>Yes</b> | <b>No</b> |
|--------------------|------------|-----------|
| Agitation          |            |           |
| Behavior Problem   |            |           |