THE UROLOGY CENTER
HISTORY AND PHYSICAL EXAMINATION

NAME			INSURANCE
REFERRING MD			OTHER MD'S
DATE	DATE OF BIRTH	AGE	PHONE:

CC:

HPI:

PAST MEDICAL HISTORY: (List ALL Medical Problems)	PAST SURGICAL HISTORY: (List ALL Operations)

MEDICATIONS	OVER THE COUNTER/VITAMINS	ALLERGIES

Social History			FAMILY HISTORY (MEMBERS OF YOUR FAMILY)		
Tobacco	❑Y	❑N	Prostate cancer	❑Y	❑N
Alcohol	❑Y	❑N	Bladder cancer	❑Y	❑N
Street drugs	❑Y	❑N	Kidney cancer	❑Y	❑N
			Kidney disease	❑Y	❑N
Occupation			Kidney stones	❑Y	❑N
			Colon cancer	❑Y	❑N
			Heart disease	❑Y	❑N
			Diabetes	❑Y	❑N

REVIEW OF SYSTEMS:

NAME	DATE

PLEASE ANSWER ALL OF THE QUESTIONS BELOW. PLEASE GIVE DETAILS OF ALL MARKED ITEMS.

FEVER	❑N	
WEIGHT LOSS ❑INTENTIONAL ❑UNINTENTIONAL	❑N	
EYE PROBLEMS ❑GLAUCOMA ❑BLINDNESS	❑N	
EAR NOSE MOUTH THROAT	❑N	
CARDIOVASCULAR PROBLEMS ❑HYPERTENSION ❑HEART ATTACK ❑CHEST PAIN ❑PALPITATIONS ❑IRREGULAR BEAT ❑CLAUDICATION	❑N	
RESPIRATORY PROBLEMS ❑ASTHMA ❑DYSPNEA ❑EMPHYSEMA ❑BRONCHITIS	❑N	
GASTROINTESTINAL PROBLEMS ❑CHANGE IN HABITS ❑DIARRHEA ❑CONSTIPATION ❑MELENA ❑HEMATOCHESIA ❑SATIETY ❑JAUNDICE ❑ABDOMINAL PAIN	❑N	
ENDOCRINE PROBLEMS ❑DIABETES ❑THYROID ❑VASCULITIS	❑N	
HEMATOLOGICAL PROBLEMS ❑BLOOD CLOTS ❑BLEEDING ❑ANEMIA	❑N	
NEUROLOGICAL PROBLEMS ❑STROKE ❑TIA ❑PARALYSIS/WEAKNESS ❑PARKINSONS ❑MS	❑N	
SKIN PROBLEMS ❑CANCER ❑RASH	❑N	
INFECTIONS ❑STD ❑HIV ❑HEPATITIS ❑ PNEUMONIA ❑TB ❑UTI/KIDNEY ❑DIVERTICULITIS	❑N	