

Patient name: \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

## Medical History Form

Reason for Visit Today: \_\_\_\_\_

MEDICAL ALLERGIES (include dye, etc): \_\_\_\_\_

CURRENT MEDICATIONS (If additional → Complete on back)

Name	Dose	How often per day	Reason for taking	Name	Dose	How often per day	Reason for taking

**PAST MEDICAL HISTORY (Urologic) - Please circle as appropriate**

- |                      |                                 |                                       |                          |
|----------------------|---------------------------------|---------------------------------------|--------------------------|
| Erectile Dysfunction | Elevated PSA                    | Enlarged prostate (BPH)               | Hypogonadism – “Low T”   |
| Kidney stones        | Urinary retention               | Blood in urine (hematuria)            | Urinary Tract Infections |
| Prostate Cancer      | Bladder Cancer                  | Kidney Cancer                         | Testicular cancer        |
| Renal Failure        | Incontinence (leakage of urine) | Pelvic prolapse(cystocele, rectocele) |                          |

Other: \_\_\_\_\_

**PAST MEDICAL HISTORY (Non-urologic) – Please circle as appropriate**

- Head, Ears, Eyes, Nose, Throat: Blindness Cataracts Deafness Glaucoma  
 Cardiovascular: Heart attack (MI) Hypertension Atrial Fibrillation  
 Congestive Heart Failure Angina  
 Respiratory: Asthma COPD Emphysema Pulmonary Embolism(PE)  
 Gastrointestinal: Crohn’s Disease Diverticulitis Hepatitis GERD (reflux)  
 Endocrine: Diabetes Gout Hypothyroidism Hyperthyroidism  
 Neurological: Alzheimer’s Dz Stroke Parkinson’s Dz Multiple sclerosis  
 Cancer: Breast Colon Lung Lymphoma Ovarian

Other medical conditions

Other cancer diagnosis: \_\_\_\_\_

Infectious/Hematologic: Anemia HIV/AIDS Tuberculosis Deep venous thrombosis (DVT)

**PAST SURGICAL HISTORY (Urologic and Gynecologic) - Please circle as appropriate**

- |   |  |
|---|--|
| Robotic Prostatectomy   | Open Radical Prostatectomy                       |
| Nephrectomy – Open or Laparoscopic  | Partial Nephrectomy – Open or Laparoscopic       |
| TURP (surgery for enlarged prostate)  | TURBT (removal of bladder tumor)                 |
| ESWL (sound wave treatment of kidney stones)  | Ureteroscopy – laser or basket removal of stones |
| Orchiectomy (removal of testicle)   | Pyeloplasty (for UPJ obstruction)                |
| Prostate Needle Biopsy  | Endoscopic treatment of urethral stricture       |
| Pelvic Prolapse repair (cystocele, enterocele, rectocele repair – with or without mesh) |  |

Bladder sling for incontinence      Bladder suspension for incontinence      Hysterectomy

Dates of Surgery/Procedure circled above:      1) \_\_\_\_\_  
 (or other surgeries)      2) \_\_\_\_\_



