Vero Urology PATIENT MEDICAL INFORMATION SHEET

NAME: _____ **AGE:**_____ **DATE:**_____

Who referred you to this office?_____ **Who is your primary care doctor?**_____

Allergies to Drugs: (CIRCLE) **None** Penicillin Sulfa IVP Dye Others:_____

List All Current Medications with doses: None _____

_____

_____

Pharmacy Name/Location: _____ **Phone #:**_____

List All Operations & date performed: None Appendix Back/Neck Surgery Bladder Surgery Hernia Gallbladder Heart Bypass Heart Stents Heart Valve Kidney Removal Prostate Removal Vasectomy Kidney Stone Prostate Surgery Hysterectomy (Abdominal or Vaginal Partial or Complete) Ovaries (In or Out)

Others:_____

List All of Your Medical Conditions & onset date: None High Blood Pressure Diabetes Heart Attack Stroke Heart Murmur Congestive Heart Failure COPD/Emphysema Impotence Kidney Stones Spinal Stenosis Disc Disease Cancer of: Prostate Kidney Testis Bladder

Others:_____

Any of These Run in Your Family? High Blood Pressure Diabetes Kidney Stones Prostate Cancer

Cause of death of age of: Father: _____

Mother: _____

Siblings: _____

Do you smoke? No If you ever smoked, when did you quit?_____

Yes How many packs per day? ½ 1 2 3 For how many years?_____

Do you drink alcohol? No Yes How much?_____

Are you: Married Single Divorced Widowed

What is Your Occupation? _____

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Why are you seeing the doctor today?_____

PLEASE CIRCLE IF YOU CURRENTLY HAVE ANY OF THESE SYMPTOMS: NONE

Constitutional:	Fever	Weight Loss	Chills
Eyes:	Blurry Vision	Double Vision	Cataracts
Ears, Nose, Mouth, Throat:	Hearing Loss	Nasal Stuffiness	Sore Throat
Cardiovascular:	Chest Pains	Swollen Ankles	Irregular Heart Beat
Respiratory:	Shortness of Breath	Wheezing	Chronic Cough
Gastrointestinal:	Abdominal Pain	Nausea/Vomiting	Change in Bowels
Genitourinary:	Incontinence	Painful Urination	Blood in Urine
Musculoskeletal:	Chronic Back Pain	Chronic Neck Pain	Sore Muscles
Integumentary/Skin:	Rash	Persistent Itching	Skin Cancer History
Neurologic:	Numbness	Tingling	Dizziness
Hematologic/Lymphatic:	Swollen Glands	Abnormal Bleeding	Transfusion History