

Coastal Urology Center

Medical History

Name _____ D.O.B. _____ Date _____

Referring Doctor _____ Family Doctor _____

Why are you seeing the doctor today? _____

What improves or worsens the problem/pain? _____

Are there any symptoms that go along with the problem/pain? _____

Is the problem/pain continuous, or does it come and go? _____

Describe the pain (sharp, dull, aching, etc.) _____

Have you tried any medication/treatment for this problem/pain? _____

Are you a hospice patient? _____ Are you in a skilled nursing facility? _____ Name of Facility _____

Past Medical History

Please **CIRCLE** if you **have** or **have had** any of the following diseases or conditions:

Cardiovascular:

Anemia
Angina
Anorexia
Arrhythmia
Aortic Aneurysm
Aortic Stenosis
Aortic Insufficiency
Atrial Fibrillation
Bleeding Disorder
Cerebrovascular Disease
Congenital Heart Disease
Congenital Heart Failure
Coronary Artery Disease
Deep Vein Thrombosis
Endocarditis
Enlarged Heart
Heart Attack
Heart Block
Heart Disease
Heart Valve Problem
Heart Murmur
Hemophilia
High Cholesterol
High Blood Pressure
Mitral Stenosis
Mitral Insufficiency
Mitral Valve Prolapse
Pulmonary Embolism
Rheumatic Fever
Sickle Cell Anemia
Thrombophlebitis
Ventricular Arrhythmia

Endocrine:

Diabetes, non-insulin dependent
Diabetes, insulin dependent
Diabetes, uncontrolled
Goiter
Impaired Glucose Tolerance
Thyroid Disease
Gout

General:

Allergies
Electrical Injury
Exposure to Chemicals
Fibromyalgia
Hay Fever
Hepatitis A, B, C
Hypercholesterolemia
Hyperlipidemia
Lipid Disorder
Malaise
Obesity
Paget's Disease
Polycystic Kidney Disease
Polycystic Ovary Disease
Reynaud's Disease
Sexually Transmitted Disease
Sleep Apnea
Chronic Fatigue Syndrome

GI:

Cholecystitis
Cholelithiasis
Chronic Liver Disease
Colitis
Constipation
Colon Cancer
Colon Condition
Crohn's Disease
Diarrhea
Gastric Cancer
GERD
Hemorrhoids
Hepatic Failure
Hepatitis
Hiatal Hernia
Irritable Bowel Disease
Liver Disease
Pancreatitis
Peptic Ulcer
Rectal Fissure
Rectal Cancer
Stomach Cancer
Stomach Ulcer
Ulcerative Colitis

GU:

AIDS
Bladder Cancer
Bladder Infections
Bladder Stones
Chronic Renal Disease
Elevated PSA
Epididymitis
HIV

GU (cont.):

Hemospermia
Interstitial Cystitis
Irradiation Therapy
Kidney Disease

Musculoskeletal:

Arthritis
Back Pain
Carpal Tunnel Syndrome
Fibromyalgia

Respiratory:

Asthma
Bronchitis
Chronic Lung Disease
Emphysema

Kidney Infection
Kidney Stones
Nephrotic Syndrome
Orchitis
Penile Discharge
Polycystic Disease
Polycystic Kidney Disease
Prostate Cancer
Prostatitis
Radiation or Nuclear Exposure
Recurrent UTIs
Renal Cell Cancer
Testicular Cancer
Transplant Recipient
Undescended Testicle
UTI
Venereal Disease

GYN/OB:

Breast Cancer
Endometriosis
Fibrocystic Breast Disease
Infertility

HEENT:

Blindness
Cataracts
Deafness
Deviated Septum
Ear Infections
Glaucoma
Meniere's Disease
Mumps
Sinusitis
Tinnitus
Vertigo

Morton's Neuroma
Osteoporosis

Neurological:

ADD
ADHD
Alcoholism
Alzheimer's Disease
Anxiety Disorder
Bipolar Disorder
Chronic Fatigue Syndrome
Depression
Eating Disorders (anorexia
or bulimia)
Epilepsy
Herniated Disc
Mental Illness
Migraine Headaches
Multiple Sclerosis
Nervous Breakdown
Organic Brain Syndrome
Parkinson's Disease
Polio
Spinal Cord Injury
Stroke
Suicide Attempt

Lung Disease
Pneumonia
Pulmonary Embolism
Tuberculosis

Tumors:

Brain Tumor
Laryngeal Cancer
Leukemia
Lung Cancer
Lymphoma
Melanoma

Surgical History

Please **CIRCLE** if you **have had** any of the following and give **DATE** of surgery:

Cardiovascular:

Angioplasty
Aortic Aneurysm Repair
CABG
Carotid Artery Surgery
Heart Surgery
Heart Transplant
Pacemaker Insertion
Vein Stripping
Cardiac Catheterization

General:

Brain Surgery
Cyst Removal
Laminectomy
Laparoscopy
Laparotomy
Lymphatic Node Dissection
Parathyroidectomy
Pilonidal Cyst Incision
Skin Grafting

GI:

Appendectomy
Bariatric Surgery
Bowel Resection
Cholecystectomy
(Gall Bladder)
Colon Resection
Colonoscopy
EGD/Dilation of Esophagus
Fissurectomy
Gastric Surgery
Hemorrhoidectomy
Hernia Repair
Ileostomy

GI (cont):

Inguinal Hernia Repair
Laparoscopy
Laparotomy
Liver Surgery
Liver Transplant

GYN/OB:

Breast Surgery
C-section(s)
Hysterectomy (Abdominal)
Hysterectomy (Vaginal)
Lumpectomy

Neurological:

Brain Surgery

Lumpectomy of Breast
Lysis of Adhesions
Nissen Fundoplication
Appendectomy

Stomach Surgery
Umbilical Hernia Repair
Ventral Hernia Repair

Vaginal Delivery (ies)

Respiratory:

Lung Surgery

GU:

Bladder Surgery
Brachytherapy
Biopsy of the Prostate

HEENT:

Cataracts (L or R or both)
Corneal Surgery (L, R, both)
Ear Surgery (L, R, both)
Eye Surgery (L, R, both)
Facial Surgery
Mastoid Surgery
Nasal Surgery

Circumcision
 Contigen
 Cystoscopy-Dilation
 Cystoscopy-Retrograde
 Cystoscopy-Stent
 Durasphere
 Epididymectomy
 ESWL
 Hernia Repair
 Hydrocelectomy
 Ileoconduit
 Indigo Laser Surgery
 Inguinal Hernia Repair
 Interstim
 Indigo Laser Surgery
 Meatotomy
 Nephrectomy
 Nephrolithomy
 Orchiectomy
 Orchiopexy
 Penile Implant
 Prostatectomy
 Pyeloplasty
 Prostatectomy
 PVP
 Renal Transplant
 Spermatocelectomy
 TUMT Prostate
 TUR Prostate
 Ureteroscopy
 Varicocelectomy
 Vasectomy
 Other:

Parathyroidectomy
 PE Tubes
 Septoplasty
 Sinus Surgery
 Tonsil Surgery
 Thyroid Surgery
 TMJ Surgery

Musculoskeletal:

Amputation
 Arthroscopic Surgery
 Carpal Tunnel (L, R, both)
 Cervical Spine
 Foot Surgery (L, R, both)
 Hand Surgery (L, R, both)
 Knee Surgery
 Laminectomy
 Hip Surgery
 Laminectomy
 Leg Surgery (L, R, both)
 Rotator Cuff Surgery

Family History:

Please CIRCLE which family member has/had any of the following (Mother, Father, Grandparents, or Siblings):

Arthritis	Gout	Multiple Sclerosis
Bedwetting	Heart Attack	Laryngeal Cancer
Bladder Cancer	Hypertension	Pancreatic Cancer
Cancer (site unknown)	Kidney Disease	Prostate Cancer
Crohn's Disease	Kidney Stones	Stroke
Depression	Leukemia	Thyroid Disease
Diabetes	Malignant Melanoma	Tuberculosis

Other:-----

Social History:

Please provide the following information:

Marital Status: Please indicate years

Single_____ Married_____ Separated_____ Divorced_____ Widowed_____ Life Partner_____ Common Law Spouse_____

Dependants: Please indicate # of each, if you have:

Sons_____ Daughters_____ Stepchildren_____ Adopted_____ Foster_____ Parents_____ Grandparents_____

Occupation: Please circle one that applies:

None, Laborer, Truck Driver, Tradesman, Clerk, Administrative, Executive, Professional, Part-Time, Retired, Other

By what method did you choose our practice:

Referring Physician_____ Friend_____ Yellow Pages_____ Insurance Company_____ Other_____

Review of Systems: Problems you are experiencing today:

Constitutional:

Aches/Pains
Appetite Changes
Bruises Easily
Fever
Chills
Night Sweats
Fatigue
Generalized Weakness
Insomnia
Swollen Glands
Anorexia
Weight Loss
Weight Gain
Other

Eyes:

Blindness
Blurred Vision
Double Vision
Eye Pain
Cataracts
Glaucoma
Worsening Eyesight
Other

Allergic/Immunologic::

Seasonal
Drug
Animal
Environmental
Food
Other

Neurological:

Stroke
Disoriented
Headache
Dizzy Spells
Balance Problems
Numbness/Tingling
Tremors
Leg or Arm Weakness
Memory Loss
Speech Problems
Decreased Alertness
Other

Endocrine:

Diabetes
Pituitary Disease
Excess Thirst
Tired/Sluggish
Heat/Cold Intolerance
Other

Psychological:

Not Satisfied with Life
Anxious
Depressed
Other

Gastrointestinal:

Acid Reflux
Indigestion
Nausea/Vomiting
Abdominal Pain
Bloody Stools
Abdominal Cramps
Diarrhea
Constipation
Change in Bowel Habits
Hemorrhoids
Flatulence
Gas
Rectal Bleeding
Tarry Stools
Other

Cardiovascular:

Chest Pain/Angina
Prostate Infections
Hyperlipidemia
Pacemaker
Dyspnea on Exertion
Edema
Hardening of the Arteries
Heart Attack
Heart Failure
Heart Murmur
High Blood Pressure
Irregular Heartbeat
Low Exercise Tolerance
Mitral Valve Prolapse
Orthopnea
Pain/cramps w/exercise
Palpitations
Skipped Heart Beats
Swelling
Arrhythmia

Skin:

Acne
Boils
Persistent Rash
Skin Rash
Changing Moles
Pigment Changes
Other

Musculoskeletal:

Back Pain
Joint Pain
Neck Pain/Stiffness
Muscle Cramps
Arthritis
Muscle Weakness
Gout
Other

Ears/Nose/Throat:

Ear Infections
Sinus Problems
Sore Throat
Other

Genitourinary:

Back Pain
Bedwetting
Blood in Urine
Dribbling
Burning on Urination
Erection Problems
Flank Pain
Hesitancy
Kidney Failure
Kidney Infections
Nocturnal Enuresis
Nocturia
Sexual Dysfunction
Low Desire
Sexually Transmitted Diseases
Stranguria
Suprapubic Pain
Testes/Scrotal Pain
Urgency
Urinary Frequency
Urinary Hesitancy
Urinary Incontinence
Urinary Tract Infections
Urine Retention
Urologic Cancer
Urologic Surgery
Weak Stream
Leaking after Voiding
Not Emptying
Painful Ejaculation

Respiratory:

Asthma
Tuberculosis
Emphysema-Bronchitis
Environmental Allergies
Frequent Cough
Shortness of Breath
Wheezing
Other

Hematology/Lymph:

Swollen Glands
Blood Clotting Problems
Bleeding Problems
Hepatitis
HIV (AIDS)
Sickle Cell
Other