DEPARTMENT OF UROLOGY

1625 Medical Center Point, Ste. 100, Colorado Springs, CO 80907

DaVita Medical Group

Name ________________________________ **Age** _______ **MRN#**________________________

Medical History

1. ALLERGIES

Medication	Reaction

Food	Reaction

Environment	Reaction

2. PRIOR SURGERIES/YEAR

YEAR:	SURGERY:
YEAR:	SURGERY:
YEAR:	SURGERY:
YEAR:	SURGERY:

3. SERIOUS ILLNESSES/INJURIES/YEAR:

YEAR:	ILLNESS:
YEAR:	ILLNESS:
YEAR:	ILLNESS:

4. **Have you ever seen a urologist in the past?** ☐ Yes ☐ No

   a. If yes, when, who, where, and what for? ______________________________________

   ____

   ____

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5. CURRENT MEDICATION LIST

Medication	Dosage	Year Started	Prescriber

6. SOCIAL HISTORY

What is your marital status?

☐ Married ☐ Divorced ☐ Single ☐ Widowed ☐ Separated

Habits

Do you smoke? ☐Yes ☐ Never ☐ Previous _______ packs per day _____#of years ______Year quit

Do you chew tobacco? ☐ Yes ☐ Never

Do you consume alcohol? ☐ Yes ☐ Never
☐ Previous ___ drinks per day _____#of years

Occupation: (if retired, previous) ____

7. RADIATION EXPOSURE

a. ☐ Diagnostic ______________________ ☐ Therapeutic ________________________

8. FAMILY HISTORY

	Mother	Age	Father	Age	Siblings	Age(s)
Living Well						
Deceased						
Heart Attack						
Stroke						
Diabetes						
High blood pressure						
Cancer						

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Have you or anyone in your family had:

☐ Kidney stones ☐ Prostate cancer ☐ Kidney cancer or bladder cancer

If you selected any of the above, what was the relationship, age at onset, and treatment?

____

____

____

9. **REVIEW OF SYMPTOMS** (Do you have or have you had? Please check as many as apply):

General: Height ______' _____" Weight _________

☐ Weight loss______pounds in _________ mo.

☐ Weight gain _____pounds in _________ mo.

☐ Weight stable

☐ Fatigue ☐ Appetite ________ Good ______ Poor

☐ Fever ☐ Chills

Eyes: Vision: _____ good ______ poor _______ corrected

☐ Eye pain ☐ Double vision

Respiratory: ☐ Hay Fever ☐ Asthma ☐ Chronic cough ☐ Emphysema

☐ TB ☐ Shortness of breath

☐ Pneumonia: If yes, when: ___________________________________

Cardiovascular: ☐ Chest pain ☐ Irregular pulse ☐ High blood pressure

☐ High cholesterol ☐ Valve disease ☐ Heart attack

☐ Varicose veins ☐ Heart murmur

Neurological: ☐ Seizures ☐ Stroke ☐ Dizzy spells

☐ Headaches ☐ Tremors ☐ Numbness

☐ Tingling

Gastrointestinal: ☐ Difficulty swallowing ☐ Indigestion

☐ Nausea ☐ Vomiting ☐ Abdominal pain

☐ Peptic Ulcer ☐ Diarrhea ☐ Constipation

☐ Blood in stools ☐ Hemorrhoids

Ear/Nose/Throat: ☐ Sinus problems ☐ Hoarseness ☐ Decreased hearing

☐ Sore throat ☐ Ringing in ears

Musculoskeletal: ☐ Osteoporosis ☐ Muscle weakness

☐ Arthritis ☐ Back pain ☐ Gout

Psychiatric: ☐ Nervousness ☐ Depression ☐ Anxiety

☐ Mental illness ☐ Panic attacks

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Hematology: ☐ Anemia ☐ Swollen glands ☐ Blood clotting problems
☐ Bruise easily

Skin: ☐ Rashes ☐ Hives ☐ Itching

Endocrine: ☐ Thyroid disease diabetes

Cancer: What kind: ____________________ When: ________________________
Treatment of cancer: ☐ Surgery ☐ Radiation ☐Chemo

OB/GYN: Method of contraception: ______________________________________
Age menses started: ____________ Age ended: __________________
1st date of last period: ___________ Pregnancies: ____________
Deliveries: ________ Miscarriages: _____ Abortions: ______________
Problems with pregnancies: __________________________________
____

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DaVita Medical Group - Medical Center Point

Exit 146
Garden of the Gods Rd.
Austin Bluffs Pkwy.
25
Nevada
N
W
E
S
Medical Ctr. Pt.
Union Blvd.
Gap Rd.
Exit 145
Fillmore
Templeton
Circle Dr.
Constitution

*map not to scale

1625 Medical Center Point

Located on the northwest corner of Fillmore & Union

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