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Department of Urology
1625 Medical Center Point, #100
Colorado Springs, CO 80907

Name: _____ Age _____ MRN# _____

Medical history

1. Allergies

Medication	Reaction

Food	Reaction

Environment	Reaction

2. Prior surgeries/year

Year:	**Illness:**
Year:	**Illness:**
Year:	**Illness:**
Year:	**Illness:**

3. Serious illnesses/injuries/year

Year:	**Illness:**
Year:	**Illness:**
Year:	**Illness:**

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

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 martial 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

☐ 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

Musculoskeletal: ☐ Osteoporosis ☐ Muscle weakness
☐ Arthritis ☐ Back pain ☐ Gout

Psychiatric: ☐ Nervousness ☐ Depression ☐ Anxiety
☐ Mental illness ☐ Panic attacks

OB/GYN: Method of contraception: _____

Age menses started: _____ Age ended: _____

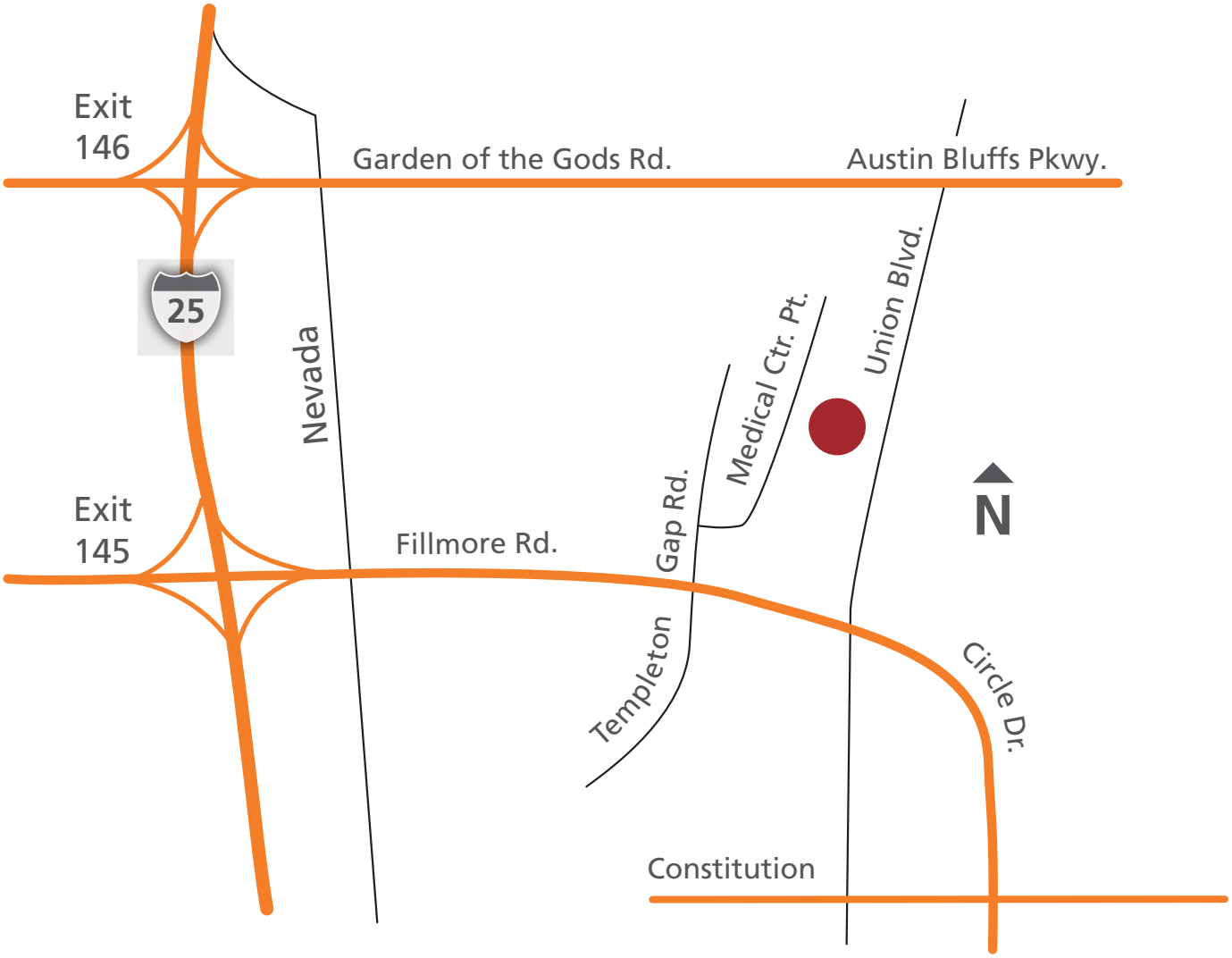
1st date of last period: _____ Pregnancies: _____

Deliveries: _____ Miscarriages: _____ Abortions: _____

Problems with pregnancies: _____

_____

_____ _____/ _____/ _____
Patient's signature Date



1625 Medical Center Point
Located on the northwest corner of Fillmore & Union

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