MEMORIAL UROLOGY ASSOCIATES, P.A.

Today's Date	Last Name	First Name	Birthdate / /	Age

TO BE COMPLETED BY THE PHYSICIAN

TO BE COMPLETED BY THE PATIENT

DRUG ALLERGIES	LIST ALL VITAMINS	LIST ALL OVER THE COUNTER AND PRESCRIPTION MEDICATIONS

PAST MEDICAL DIAGNOSES OF (CIRCLE ON Y=YES, N=NO)

DIABETES	Y N	BLOOD PROBLEMS	Y N	GLAUCOMA	Y N
HEART ATTACK	Y N	ARTHRITIS	Y N	ASTHMA	Y N
STROKE	Y N	AIDS	Y N	EMPHYSEMA	Y N
ANGINA/CHEST PAINS	Y N	HIV INFECTIONS	Y N	ULCERS	Y N
HIGH BLOOD PRESSURE	Y N	KIDNEY FAILURE	Y N	COLITIS	Y N
HEART FAILURE	Y N	URINARY STONES	Y N	CANCER	Y N
HEPATITIS	Y N	BLADDER LEAKAGE	Y N	DIFFICULTIES WITH ERECTIONS	Y N
YELLOW JAUNDICE	Y N	VOIDING PROBLEMS	Y N	BLADDER OR KIDNEY INFECTIONS	Y N

OPERATIONS	YEAR	UROLOGIC PROBLEMS	YEAR

TOBACCO CONSUMPTION (CIRCLE)

1. NONE **2.** LESS THAN 1 PACK/PER WEEK
3. _ PACK OF CIGARETTES PER DAY
4. 1 PACK OF CIGARETTES PER DAY

ALCOHOL CONSUMPTION (CIRCLE)

1. NONE **2.** 1-2 "DRINKS" OR BEERS PER WEEK
3. 4-6 "DRINKS" OR BEERS PER WEEK
4. MORE THAN 6 "DRINKS" OR BEERS PER WEEK
Do you use illicit drugs? ❒ YES ❒ NO

FAMILY MEDICAL HISTORY	IS THERE A FAMILY HISTORY OF	CIRCLE	IS THERE A FAMILY HISTORY OF	CIRCLE
1. BOTH PARENTS LIVING AND WELL.	**HEART ATTACKS**	Y N	**PROSTATE CANCER**	Y N
2. ONE PARENT DECEASED: CAUSED BY:	**DIABETES**	Y N	**BLADDER CANCER**	Y N
	URINARY STONES	Y N	**KIDNEY CANCER**	Y N
3. AND BY:	**KIDNEY PROBLEMS**	Y N	**BLADDER PROBLEMS**	Y N