

North Idaho Urology Patient History Form

Name: _____ Today's Date: _____

Date of Birth: ____ / ____ / ____ Age: ____ Were you referred by a physician? Yes / No

Height _____ If yes, name _____

Weight _____

CURRENT PROBLEM

What is the main problem that brings you to the office today? (Describe your symptoms in detail)

PAST MEDICAL HISTORY

Please list all illnesses requiring medical treatment, surgery, or hospitalization:

MEDICATIONS

Please list current/recent medications: (Include dose, how often and date began)

ALLERGIES (Please list reaction)

Do you take aspirin? _____

Do you take Coumadin? _____

Do you take Plavix? _____

FAMILY MEDICAL HISTORY

Please list any major illnesses in family members, parents' age or age at death, siblings' age or age at death:

Father _____ Mother _____

Brothers/Sisters _____

Grandparents _____

SOCIAL HISTORY

What is your occupation? _____ Do you smoke currently? Yes/No Years/Amount? _____

Marital Status? _____ Did you smoke in the past? Yes/No Dates _____

How much alcohol do you drink per day? _____

Female only:

Number of children: _____

Urologic Symptoms/History

Name _____

Have you had any of the following recently? Please check any that apply.

General

- Y N fevers
- Y N chills
- Y N sweats
- Y N anorexia
- Y N fatigue
- Y N malaise
- Y N weight loss

Eyes

- Y N blurring
- Y N double vision
- Y N irritation
- Y N discharge
- Y N vision loss
- Y N eye pain
- Y N light sensitivity

Ears/Nose/Throat

- Y N earache
- Y N ear discharge
- Y N ringing
- Y N hearing loss
- Y N nasal congestion
- Y N nosebleeds
- Y N sore throat
- Y N hoarseness
- Y N painful swallowing

Breast

- Y N swelling
- Y N masses
- Y N nipple discharge
- Y N skin changes

Cardiovascular

- Y N chest pain
- Y N palpitations
- Y N dizziness/syncope
- Y N shortness of breath
- Y N short of breath lying down
- Y N sudden nighttime breathlessness
- Y N ankle swelling

Respiratory

- Y N cough
- Y N shortness of breath
- Y N excessive sputum
- Y N bloody sputum
- Y N wheezing

Gastrointestinal

- Y N nausea
- Y N vomiting
- Y N diarrhea
- Y N constipation
- Y N change in bowel habits
- Y N abdominal pain
- Y N black or tarry stools
- Y N red blood in the stools
- Y N jaundice

Genitourinary

- Y N urethral pain on voiding
- Y N frequent urination
- Y N urgent need to urinate
- Y N hesitancy/straining with stream
- Y N slowing of urine stream
- Y N intermittent urine stream
- Y N feeling bladder doesn't empty completely
- Y N urine leak with laugh, cough or strain
- Y N inability to get to the bathroom before leaking urine
- Y N getting up at night to urinate
- Y N blood in the urine
- Y N incontinence

Male only:

- Y N urethral discharge
- Y N testicular pain
- Y N difficulty with erections
- Y N decreased libido
- Y N history of vasectomy/kidney stones/STD's/urinary tract infections

Female only:

- Y N pelvic pain
- Y N vaginal discharge
- Y N vaginal bleeding (non-menstrual)
- Y N labial soreness
- Y N bladder dropping

Musculoskeletal

- Y N back pain
- Y N joint pain
- Y N joint swelling
- Y N muscle cramps
- Y N muscle weakness
- Y N stiffness
- Y N arthritis

Skin

- Y N rash
- Y N itching
- Y N dryness
- Y N suspicious lesions

Neurologic

- Y N transient paralysis
- Y N weakness
- Y N tingling numbness
- Y N seizures
- Y N dizziness
- Y N tremors
- Y N room spinning

Psychiatric

- Y N depression
- Y N anxiety
- Y N memory loss
- Y N mental disturbance
- Y N thoughts of suicide
- Y N hallucinations
- Y N paranoia

Endocrine

- Y N cold intolerance
- Y N heat intolerance
- Y N constant thirst
- Y N constant hunger
- Y N frequent urination
- Y N weight gain

Heme/Lymphatic

- Y N abnormal bruising
- Y N bleeding
- Y N low blood count
- Y N enlarged lymph nodes

Allergic/Immunologic

- Y N hives
- Y N hay fever
- Y N persistent infections
- Y N HIV exposure