

Advanced Urology, Inc.

Last Name: _____ First Name: _____ Middle Name: _____ Date: ____/____/____
Age: _____ Date of Birth: ____/____/____ Gender: M / F Marital Status: S / M / D / W
Family Physician: _____ Who sent you to our office?: _____

History of Present Illness

What is the reason for your visit to our office? (Describe your problem in detail)

Past Medical History – Check all that apply

- No Past Medical History**
- | | | |
|---|---|---|
| <input type="checkbox"/> Adverse Reaction to Anesthesia | <input type="checkbox"/> Cancer: _____ | <input type="checkbox"/> Irregular Heart Beat |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Kidney Problems |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Defibrillator |
| <input type="checkbox"/> Artificial Heart Valve | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Phlebitis/Blood Clot |
| <input type="checkbox"/> Artificial Joints | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Pulmonary Embolism |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Respiratory Problems |
| <input type="checkbox"/> Blood Thinners | | <input type="checkbox"/> Stroke |
- Have Children: How many? _____ #Times pregnant? _____ #Vaginal deliveries? _____ #C-sections? _____

Past Surgical History

No Past Surgical History

List all previous surgeries and date(s): _____

Family History – Check all that apply

No Family History of Illness

List Relationship:

- | | |
|---|--|
| <input type="checkbox"/> Cancer/Type _____ | <input type="checkbox"/> Heart Disease _____ |
| <input type="checkbox"/> Bleeding Problem _____ | <input type="checkbox"/> Hypertension _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Stroke _____ |

Patient Initials: _____