

CHIEF COMPLAINT:

MEDICATIONS:

DRUG ALLERGIES:

MEDICAL PROBLEMS:

REVIEW OF SYSTEMS:

DO YOU OR HAVE YOU HAD?

- ___ WEIGHT GAIN/LOSS
- ___ VISUAL IMPAREMENT
- ___ HEARING LOSS
- ___ SINUSITIS
- ___ ORAL CANCER
- ___ IRREGULAR HEART BEAT
- ___ CHEST PAIN
- ___ HEART DISEASE
- ___ PRIOR HEART ATTACK
- ___ FREQUENT URINATION
- ___ URINARY LEAKAGE
- ___ BLOOD IN THE URINE
- ___ KIDNEY STONES
- ___ FREQUENT BLADDER INFECTIONS
- ___ SEXUALY TRANSMITTED DISEASE

- ___ PROSTATITIS
- ___ PROSTATE PROBLEMS
- ___ ELEVATED PSA
- ___ PENILE CURVATURE
- ___ ARTHRITIS
- ___ JOINT PAIN
- ___ CURRENT SKIN RASH
- ___ ABNORMAL BLEEDING OR BRUISING

- ___ WEAKNESS OR PARALYSIS
- ___ INVOLUNTARY MOVEMENT
- ___ SEIZURES
- ___ INVOLUNTARY URINATION
- ___ INVOLUNTARY BOWEL FUNCTION
- ___ SUICIDE ATTEMPT
- ___ THYROID DISEASE
- ___ DIABETES
- ___ EXCESSIVE THIRST
- ___ SUGAR IN URINE
- ___ IMPOTENCE
- ___ ERECTION PROBLEMS
- ___ SEXUAL PROBLEMS
- ___ INFERTILITY
- ___ LOW BLOOD COUNT
- ___ LYMPH NODE ENLARGEMENT
- ___ AIDS OR AIDS EXPOSURE
- ___ HIV
- ___ SHORTNESS OF BREATH
- ___ WHEEZING
- ___ COUGH
- ___ TB EXPOSURE
- ___ PNEUMONIA
- ___ NAUSEA OR VOMITING
- ___ CONSTIPATION / DIARRHEA
- ___ BLOOD IN THE STOOL
- ___ CHANGE IN BOWEL FUNCTION
- ___ HEPATITIS
- ___ OTHER: (LIST)

CHECK IF ANSWER IS YES:

- ___ DO YOU TAKE ASPIRIN DAILY?
- ___ DO YOU TAKE BIRTH CONTROL PILLS?
- ___ KNOWN BLEEDING DIORDER?
- ___ PRIOR PROBLEMS WITHSURGERY OR ANESTHESIA
- ___ DO YOU HAVE SICKLE CELL DISEASE OR TRAIT?
- ___ DO YOU HAVE A FAMILY HISTORY OF PROSTATE CANCER?

SURGICAL HISTORY:

- ___ APPENDECTOMY
- ___ CHOLECYSTECTOMY
- ___ BACK SURGERY
- ___ HIP REPLACEMENT
- ___ KNEE REPLACEMENT
- ___ HYSTERECTOMY
- ___ HEART SURGERY
- ___ PROSTATE SURGERY
- ___ STONE SURGERY
- ___ INCONTINENCE SURGERY
- ___ THYROID SURGERY
- ___ BREAST SURGERY
- ___ INTESTINAL SURGERY
- ___ HERNIA REPAIR
- ___ PENILE PROSTHESIS PLACEMENT
- ___ VASECTOMY
- ___ KIDNEY SURGERY
- ___ OTHER CANCER SURGERY
- ___ OTHER: (LIST)

SOCIAL HISTORY:

- ___ CURRENT TOBACCO USE
- ___ HISTORY TOBACCO
- ___ ALCOHOL USE
- ___ GAY LIFESTYLE
- ___ USE OF RECREATIONAL DRUGS
- ___ MARRIED
- ___ DIVORCED
- ___ WIDDOWED
- ___ SINGLE

AGE: _____

REFERRED BY:

- ___ PHYSICIAN
- ___ FRIEND
- ___ YELLOW PAGES
- ___ RELATIVE
- ___ INTERNET
- ___ IF INTERNET, LIST HOW YOU SEARCHED FOR AND FOUND US PLEASE:
