

DATE: _____

ADULT

Chart #: _____

PATIENT EVALUATION AND MANAGEMENT QUESTIONNAIRE

Welcome to Urology Associates, P.C. This questionnaire is intended to be a COMPLETE account of your medical history, and should not be limited to the lists provided. Please answer completely, including details and dates, if known. Incomplete answers to these questions could lead to improper treatment.

Patient Name: _____ **Nickname:** _____ **D.O.B.:** _____ **Age:** _____

Who is your primary care doctor? _____

For what condition are you seeing the doctor today? _____

Have you or a family member been seen here before: No Yes If yes, who _____ When: _____

MEDICAL HISTORY: Height: _____ ft _____ in Weight: _____ lbs

High Blood Pressure	Ulcers	Pneumonia/Emphysema	Thyroid Problem
Heart Attack	Kidney Stones	Diabetes	Gastric reflux
Liver Disease	Kidney Failure	Gout	Arthritis/Back Pain
Stroke/TIA	Seizures	Glaucoma	Hepatitis
Colon problems	Neuropathy	Other: _____	Other: _____

Urologic Problems _____

Cancer: Specify Type: _____

Other Medical Problems: _____

REVIEW OF SYSTEMS:

Fever	Swollen Glands	Bleed Easily	Chest Pains
Fatigue	Cough	Weight Loss	Blood in Urine
Rash/Itching	Chills	Nausea	Sweating
Diarrhea	Constipation	Vomitting	Shortness of Breath
Dizziness	Other: _____	Other: _____	Other: _____

SURGICAL HISTORY

Brain	Penis	Gall Bladder	Back	Fallopian Tubes
Lung/Chest	Kidney	Appendix	Thyroid/Neck	Vasectomy
Stomach	Hip/Knee	Ovaries	Breast	Prostate
Hernia	Nose/Sinus	Testes	Pancreas	Other: _____
Uterus	Heart	Bladder	Intestine	Other: _____

MEDICATIONS (Please list all with dose)

1. _____ 3. _____ 5. _____
 2. _____ 4. _____ 6. _____
 3. _____ 6. _____ 9. _____

MEDICATIONS THAT CAUSE ALLERGIES (i.e., hives, rash, difficulty breathing)

1. _____ 2. _____ 3. _____

FAMILY MEDICAL HISTORY: (Mother, Father, etc) _____

Are you allergic to iodine or seafood? Y N

Do you smoke? Y N Former (year quit _____) If yes or former: # packs per day _____ for _____ years?

How many caffeinated drinks to you drink per day? _____

How many alcoholic drinks do you drink per week? _____

Reviewed by: _____