ADVANCED UROLOGY OF SOUTH FLORIDA

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PATIENT HISTORY FORM

Todays Date	*Date of Birth*	*Age*	*Primary Doctor*
Last Name	*First Name*	*Middle*	__ male __ female

Chief Complaint

What is the main reason for your visit?	
When did you notice the problem?	*How long does the problem last?*
Where is the problem located?	*What makes it better or worse?*
How severe is the problem on a scale of 1 to 10? mild < 1 2 3 4 5 6 7 8 9 10 > severe	
Does the problem interfere with normal functions?	

PAST MEDICAL HISTORY & SOCIAL HISTORY

Marital Status: __ Married __ Single __ Divorced __ Widowed __ Separated

Race: __ Caucasian __ African-American __ Hispanic __ Other, please specify:

Education: __ HS/GED __ College __ Post-Graduate __ Other, please specify:

Occupation: __ Part-time __ Full-time __ Retired

Smoking History

Do you now or did you ever smoke? Yes / No		# Packs: _____ per day / week
Date Started:	# Years smoking:	Date Quit:

Alcohol Use

Do you drink alcohol?			
__ Yes	_____ Drinks per __ day __ week __ month __ year	Type of alcohol consumed: __ Beer __ Liquor __ Wine	Drinking Habits: __ Social __ Light __ Moderate __ Excessive

List Any Surgeries/Including Dates:

____
____
____
____
____
____
____
____

List Any Medical Illness / Including Dates:

____
____
____
____
____
____
____
____

Family History

History of Prostate Cancer? ☐ Yes ☐ No If yes, Who? ____________________

Father ☐ Alive ☐ Deceased at Age _______ Medical Problems? ____________________

Mother ☐ Alive ☐ Deceased at Age _______ Medical Problems? ____________________

Siblings Medical Problems: ____________________
____

Children Medical Problems: ____________________
____

Remarks:

____
____
____
____
____

REVIEW OF SYSTEMS:

General:	Weight Loss Or Gain	Fever	Chills
Skin:	Skin Rash	Persistent Itch	
Nose:	Stuffiness	Sinus Pain	
Respiratory:	Wheezes	Cough (Dry Or Wet, Productive)	
Cardiovascular:	Swelling (Edema)		
Gastrointestinal:	Nausea/Vomiting	Constipation	
UrologicalRenal:	Burning Or Pain	Blood In Urine	Change In Urinary Strength
Musculoskeletal:	Back Pain	Muscle Or Joint Pain	
Neurological:	Dizziness	Fainting	
Hematologic/Lymphatic:	Ease Of Bruising	Ease Of Bleeding	
Endocrine:	Thirst (Polydypsia)	Change In Appetite	
Psychological:	Depression	Nervousness	

The information contained in this medical record document is considered private and confidential patient information. This information can only be used for the medical diagnosis and/or medical services that are being provided by the patient's selected caregivers. This information can only be distributed outside of the patient's care if the patient agrees and signs waivers of authorization for this information to be sent to an outside source or route.