



# The Center for Men's and Women's Urology, LLC

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Patient Name: \_\_\_\_\_

## Risk Factors and Habits:

Are you exposed to passive or second-hand smoke?                      Yes                      No  
Do you smoke or use tobacco?                      Currently                      Previously                      Never

*If currently or previously, please answer the following:*

Year Started? \_\_\_\_\_                      Years total? \_\_\_\_\_                      Year Quit? \_\_\_\_\_

Cigarettes?                      Yes                      No                      Packs/day? \_\_\_\_\_

Cigars?                      Yes                      No                      Amt/day? \_\_\_\_\_

Smokeless/chewing?                      Yes                      No                      Amt/day? \_\_\_\_\_

Were you ever counseled to cut down? \_\_\_\_\_

Do you consume alcoholic beverages?                      Yes                      No

*If so, please answer the following:*

Would you consider yourself an alcoholic?                      Yes                      No

How many drinks per day do you have on average? \_\_\_\_\_                      What type? \_\_\_\_\_

Do you consume caffeinated beverages?                      Yes                      No                      Drinks/day? \_\_\_\_\_

Do you follow a regular exercise plan?                      Yes                      No                      Times/week? \_\_\_\_\_

What activities? \_\_\_\_\_

## Please circle any symptoms that you commonly experience:

- General:                      fevers, chills, sweats, anorexia, fatigue, weight loss, tiredness
- Eyes:                      blurring, double vision, irritation, discharge, vision loss, eye pain,
- Ear/Nose/Throat:                      earache, ear discharge, decreased hearing, nasal congestion, nose bleeds, sore throat, hoarseness, nasal obstruction or discharge
- Cardiovascular:                      chest pain, palpitations, difficulty breathing when lying down, swelling of legs
- Respiratory:                      cough, shortness of breath, wheezing, blood in sputum
- Gastrointestinal:                      nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, jaundice, difficulty swallowing
- Genitourinary:                      pain with urination, blood in urine, discharge, urinary frequency, urinary hesitancy, urine leakage genital sores, impotence, decreased libido, erection difficulty
- Musculoskeletal:                      back pain, joint pain, joint swelling, muscle cramps, muscle weakness, joint stiffness, arthritis
- Skin:                      rash, itching, dryness, suspicious lesions, lumps, sores, color change
- Neurologic:                      transient paralysis, weakness, seizures, fainting, tremors, lightheadedness, numbness, headaches
- Psychiatric:                      depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia, difficulty sleeping
- Endocrine:                      cold intolerance, heat intolerance, excessive thirst, weight change,
- Heme/Lymphatic:                      abnormal bruising, bleeding, enlarged lymph nodes, history of blood transfusions, anemia, bleeding disorders
- Allergic/Immunologic:                      hives, hay fever, persistent infections, HIV exposure