

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

Shammai Rockove, M.D., Kent Toland, M.D., Melanie Crites-Bachert, D.O.,

Cheri Springer, M.S., P.A.-C., Donna Anderson, M.S., P.A.-C.

Patient Name: _____

Past Medical History:

Please list any medical problems you have been diagnosed with or treated for:

Past Surgical History:

Please list any surgeries you have had:

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

Family History:

Is your father alive?	Yes	No	Is your mother alive?	Yes	No
Do you have brothers?	Yes	No	Do you have sisters?	Yes	No
Is there a history of prostate, kidney, or bladder problems among members of your family?				Yes	No

If so, please answer the following:

What kind of problem? _____ Who had the problem? _____

Social History:

Marital Status: _____ Do you have children? Yes No

Occupation: _____ If retired, please list previous occupation: _____

If so, what is your occupation? _____

If not, what did you do before retiring? _____

Current Medications (including over the counter medications), Vitamins and Supplements:

Name: _____ Strength (mg): _____ How often? _____

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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 do you have on average? _____ Frequency? _____ 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