

Medical History Sheet

(All Information is Strictly Confidential)

What is the main reason for your visit today? _____

PAST SURGERY

NONE

Date

Surgery

Date	Surgery

PAST MEDICAL HISTORY

NONE

Date

Problem

Date	Problem

Family History

Has anyone in your family ever had:

- Prostate Cancer Kidney Stones Bladder Cancer Kidney Cysts Diabetes
 Kidney Cancer Kidney Failure Stroke/Heart Attack Breast/GI Cancer Hypertension

Please list any other known family illnesses:

Mother _____ Father _____
Siblings _____ Other _____

FEMALE PATIENTS ONLY

Name of Gynecologist: _____ LMP: _____ Pregnancies: _____ Last PAP: _____

Fayetteville Urology Associates, PA

NAME: _____ FUA# _____

Continue to Back



CHECK symptoms you currently have or have had recently.

Cardiovascular

- Chest Pain or Angina
- Deep Venous Thrombosis
- Elevated Cholesterol
- Heart Attack
- High/Low Blood Pressure
- Irregular Heartbeat
- Pacemaker
- Peripheral Vascular Disease
- Pulmonary Embolus
- Raynaud's Phenomenon
- Swelling of Ankles

Eye, Ear, Nose, Throat

- Glaucoma
- Hay Fever
- Sinus Problems/Sinusitis

Gastrointestinal

- Bowel Habit Changes
- Abdominal Pain
- GERD/Ulcers
- Irritable Bowel
- Nausea
- Hemorrhoids
- Diverticulitis/Diverticulosis

Psychological

- Depression
- Obsessive Compulsive Disorder
- Bipolar Disorder
- Anxiety

Respiratory

- Shortness of Breath
- Emphysema
- COPD
- Pneumonia
- Asthma
- Wheezing

- Constipation
- Diarrhea
- Excessive Thirst
- Rectal Bleeding
- Vomiting
- Vomiting Blood
- Chronic Regurgitation
- Increased Appetite
- Decreased/Loss of Appetite

General

- Chills
- Fever
- Loss of Weight
- Numbness
- Sweats

Genital

- Herpes/Warts
- Venereal Disease

Male

- Erection difficulties
- Lump in Testicles
- Mumps Orchitis
- Epididymitis
- Persistent Cough
- TB

Urinary

- Frequency/Urgency
- Painful Urination
- Lack of Bladder Control
- Pyelonephritis
- Kidney Stones
- Kidney Cysts
- Kidney Disease
- Blood in Urine
- UTI

Female

- Vaginal Discharge
- Extreme Menstrual Pain
- Excessive/ Unexpected Vaginal Bleeding

Musculoskeletal

- Arthritis
- Sprains/Strains
- Injury
- L-Spine Disease
- C-Spine Disease
- Spinal Stenosis
- Gout

Systemic

- AIDS/HIV
- Alcoholism
- Addiction
- Bleeding Disorder
- Cancer
- Diabetes
- Hyper/Hypo-thyroidism
- Rheumatic/Scarlet fever
- Hyper/Hypo Glycemia

Neurological

- Lightheadedness
- Dizziness/Fainting
- Headaches
- Migraines
- Stroke
- Mini-Stroke
- TIA
- Tremor
- Multiple Sclerosis
- Epilepsy
- Alzheimer's

Have you ever smoked?

YES

NO

If yes, how much and how often?

Do you drink alcohol?

YES

NO

If yes, how much and how often?
