

NAME: _____ AGE: _____ DATE: _____

WHAT ARE YOUR MAIN SYMPTOMS? _____

	YES	NO	MEN ONLY	YES	NO
Frequent Urination	___	___	Erectile dysfunction	___	___
Slow flow or stream	___	___	partial of total?	___	___
Incomplete emptying	___	___	Blood in your semen	___	___
Urinating at night	___	___	Have you had a vasectomy?	___	___
If yes, how many times?	_____		Penile discharge	___	___
Urinary dribbling	___	___	WOMEN ONLY	YES	NO
Blood in urine	___	___	Are you pregnant?	___	___
Kidney stones	___	___	last period	___	___
Urinary infections	___	___	Painful sexual activity	___	___
Venereal disease (STDs)	___	___	Pelvic pain	___	___
Incontinence (urine loss)	___	___	Endometriosis	___	___
Painful or burning urination	___	___	Have you had a hysterectomy?	___	___

PAST MEDICAL, FAMILY, SOCIAL HISTORY (check and circle which apply)

	YOU	FAMILY
High blood pressure, heart attack, heart failure, irregular heart rhythm	___	___
Breathing problems (asthma, COPD [emphysema and/or chronic bronchitis])	___	___
Blood thinners (Coumadin, heparin, aspirin, Ibuprofen, Plavix)	___	___
Prosthetic or implant surgery (heart valves, pacemaker, orthopedic, penile)	___	___
History of diabetes, tuberculosis or hepatitis	___	___
History of prostate, bladder, kidney, or _____ cancer	___	___
Risk for HIV (homosexual, blood transfusions, hemophilia)	___	___
Do you or have you ever smoked? If you quit, when? _____	___	___
Alcohol or drug _____ use (social, moderate, heavy)	___	___

REVIEW OF SYSTEMS (CIRCLE ALL THOSE WHICH APPLY)

GENERAL: change in appetite; weight gain or loss; chills, fever, and/or sweats; malaise and/or fatigue

HEAD: Frequent headaches; history of trauma (head injury); Migraines

EYES: glasses; change in vision; glaucoma

RESPIRATORY: frequent cough; shortness of breath; coughing up blood; asthma; Sleep Apnea

HEART: chest pain; fast or irregular heart beat; difficulty breathing on activity; swollen or painful legs

DIGESTIVE SYSTEM: abdominal pain; nausea; vomiting; diarrhea; constipation; blood in stool; acid reflux; heartburn; Diverticulitis; colitis (irritable bowel or Crohn's disease); fecal incontinence

MUSCLE/BONES: neck and/or back pain; weakness; joint swelling; backache; degenerative disease; Gout

NERVOUS SYSTEM: dizziness; seizures; blackouts; nervous exhaustion; numbness/tingling; strokes; tremors; Parkinsonism; Multiple Sclerosis, spinal cord diseases (i.e. spina bifida); dementia

EMOTIONAL STATUS: nervousness; mood changes; schizophrenia; depression; anxious; bipolar disorder

ENDOCRINE/GLANDS: thyroid; heat or cold intolerance; diabetes; excessive thirst; tired/sluggish

BLOOD/LYMPH SYSTEM: anemia; easy bruising; easy bleeding; AIDS/HIV; swollen glands