

UROPARTNERS dba ASSOCIATED UROLOGISTS, S.C.

TODAY'S DATE _____

NAME: _____ **BIRTHDATE:** _____

ADDRESS: _____

PHONE: Home _____ Work _____ Cell _____

PRIMARY PHYSICIAN (FAMILY DOCTOR): _____

EMERGENCY CONTACT: _____

ALLERGIES: _____

MEDICATIONS: _____

SURGERIES: _____

MEDICAL HISTORY

DIABETES

YES

NO

HIGH BLOOD PRESSURE

HEART ATTACKS

ASTHMA

SEIZURES

STROKES

CANCER

HEPATITIS

UROLOGIC HISTORY

BLOOD IN URINE

BLADDER INFECTIONS

KIDNEY STONES

KIDNEY INFECTIONS

INCONTINENCE

URINATING PROBLEMS

PROSTATE PROBLEMS

FAMILY HISTORY OF PROSTATE CANCER

IMPOTENCE

INFERTILITY
