

Urology Specialists, P.A.

MEDICAL HISTORY

NAME: _____ AGE: _____ DATE: _____

➤ DRUG ALLERGIES:

➤ CURRENT MEDICATIONS: (Drug name, dose and frequency)

➤ MEDICAL DISEASES:

Childhood diseases

- _____
- _____
- _____

HEIGHT: _____

WEIGHT: _____

Other diseases (heart, lung, liver, diabetes, high cholesterol, etc.)

- _____
- _____
- _____

Surgery, operations

- _____
- _____
- _____

Hospitalizations, other than above

- _____
- _____
- _____

➤ FAMILY HISTORY

AGE

DISEASES

- Father _____
- Mother _____
- Brothers _____
- Sisters _____

➤ SOCIAL HISTORY

YES/NO

HOW OFTEN

- Tobacco (ever smoked?) _____
- Alcohol _____
- Coffee or tea _____
- Other (sodas, etc) _____