

Name: _____ DOB: ___/___/___ Gender: Male Female

Primary Care Doctor: _____ Referring Doctor: _____

Pharmacy (include street): _____

Reason for visit/referral: _____

Did you have recent an x-ray, ultrasound, or CT scan? If so, where? _____

Medication allergies: _____ Iodine/IV contrast allergy

***** BRING YOUR MEDICATIONS OR UPDATED MEDICATION LIST TO ALL APPOINTMENTS *****

Past medical history (have you been previously diagnosed with any medical conditions? Please check below)

- Neurologic**
- Depression (F32.8)
 - Migraines (G43.909)
 - Multiple Sclerosis (G35)
 - Parkinson's (G20)
 - Seizure (G40.89)
 - Stroke/CVA
 - TIA (G45.9)
 - Other: _____

- Gastrointestinal**
- Acid reflux (K21.9)
 - Cirrhosis (K74.69)
 - Crohn's disease (K50.919)
 - Diverticulosis/diverticulitis (K57.5/K57.92)
 - Hepatitis C (B18.2)
 - Irritable bowel disease
 - Ulcerative colitis (K51.919)
 - Ulcers (stomach/intestine) (K25.9)
 - Other: _____

- Cancer (side and year diagnosed)**
- Kidney (C64.9)
 - Ureter (C66.9)
 - Bladder (C67.9)
 - Prostate (C61)
 - Penis (C60.9)
 - Testicle (C62.9)
 - Breast (Z85.3)
 - Uterine (C57.4) / Cervix (Z85.41)
 - Colon (C18.9)
 - Other: _____

- Cardiovascular**
- Anemia (D64.9)
 - Angina (I20.9)
 - Congestive heart failure (I50.2)
 - Coronary artery disease (I51.9)
 - Heart attack/MI (I25.2)
 - Heart valve disease
 - High blood pressure (I10)
 - High cholesterol (E78)
 - Peripheral vascular disease (I73.9)
 - Other: _____

- Urology**
- BPH/enlarge prostate (N40/N40.1)
 - IC (interstitial cystitis) (N30.1)
 - Incontinence
 - Peyronie's Disease (N48.6)
 - UTI's (urinary tract infections) (N39)
 - Ureteropelvic junction obstruction (Q62.11)
 - Urethral stricture (N35.9)
 - Other: _____

- Previous Surgery (and year performed)**
- Appendectomy
 - Bladder lift/suspension fallen bladder
 - CABG (cardiac bypass)
 - Circumcision
 - Colectomy (colon resection)
 - Colonoscopy
 - Hysterectomy (womb removal)
 - Interstim (bladder pacemaker)
 - Lithotripsy
 - Nephrectomy – left or right
 - Ovary removal - Left, Right, or Both?
 - Penile prosthesis
 - Prostatectomy
 - Tonsils / Adenoids
 - TUMT (Prostate microwave/prostiva)
 - TURP / Greenlight laser
 - Urethral sling for incontinence
 - Vasectomy
 - Other: _____

- Pulmonary**
- Asthma (J45.998)
 - COPD (J44.9)
 - Other: _____

- Other**
- Diabetes (E11.9)
 - Gout (M10.9)
 - Hypothyroid (low thyroid) (E03.9)
 - Lupus (L93)
 - Obesity (E66.01)
 - Osteoarthritis (M19.9)
 - Rheumatoid arthritis (M06.9)
 - Other: _____

- Kidney**
- Chronic kidney disease
- Stage: _____ (N18.1-5)
 - Kidney stones (N20)

Corpus Christi Urology Group, PLLC - Confidential Health History

FAMILY HISTORY

<input type="checkbox"/> Alcoholism <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Breast cancer <input type="checkbox"/> Bladder cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Easy bleeding	<u>Family Relationship</u> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Heart disease <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kidney cancer <input type="checkbox"/> Kidney dialysis <input type="checkbox"/> Kidney stones <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Parkinson's <input type="checkbox"/> Prostate Cancer	<u>Family Relationship</u> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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SOCIAL HISTORY (circle one in each category)

Marital status:	Married	Single	Divorced	Widowed	Seperated	Unknown
Tobacco use:	Never	Current, every day	Current, some days	Former/Quit	Unknown	Smokeless tobacco
Caffeinated drinks daily:	Never	1	2	3	4+	
Alcohol intake:	Never	Not anymore	Yes			
Race:	American Indian	Black/African American	White Caucasian	Asian	Decline to specify	
Ethnicity:	Not hispanic latino	Hispanic/ latino	Decline to specify			
History of blood transfusion:	Yes	No				
Preferred language:	English	Spanish	French	German	Other:	

REVIEW OF SYSTEMS (please circle symptoms below that you currently have)

Constitutional:	Fever	Headache	Chills	Weight loss	
Eyes:	Blurry Vision				
ENT:	Hearing loss	Nasal stuffiness	Sore throat		
Cardio:	Chest pains	Swollen ankles	Palpations	Dyspnea	
Respiratory:	Chronic cough	Wheezing	Short of breath	Hemoptysis	
Gastro:	Abdominal pain	Nausea/Vomit	Change in bowels	Blood in stools	
Genitourinary:	Blood in urine	Incontinence	Painful urination		
Muscle:	Chronic back pain	Arthritis	Painful joints		
Skin:	Rash	Persistent Itching	Skin cancer		
Neuro:	Numbness	Tingling	Dizziness	History of Seizures	Paralysis
Heme/Lymph:	Swollen glands	Abnormal bleeding	Transfusion history		