## Urology Care, Inc. Patient History Form (Please Print)

Last Name:	First Name:	MI
Social Security No:	Date of Birth/ He	eightWeight
	risit? (Describe your problem in detail) Today's Date	moking Status: Current Ever
ameked?	motes? For how many years dist/have yes	How much do you/did you s
	Allergies and Medications	
List your current allergies:	Not Any More Never Drank  Been Miles Steeled Syladies Nabit: Secto	o you Drink Alcohol? Yes
d a blood transfusion? Yes No	(you may provide a list if available)	ow many caffeinated drinks to
Eskimo Hispanic	African American — American Indian/Alaska Native Unknown	sce White Black/ , sian Pacific islander
Provide the name, address and ph	one number of your preferred pharmacies.	neritudonal: Fever
Teriti	Past Medical and Surgical History	rs. Nose Mouth and throat:
List any personal illnesses/diagno	sis/disease and when they occurred: Example (Bladde	er cancer, Diabetes)
List any procedures/surgeries you	have had. Please provide approximate date of proceed	dure/surgery:
79/97	Family History	sgumentany/Skin : Rash urological: Numbness
	liate family: Include the relationship to you :	
Diabetes Heart Prob Kidney Failure Infertilit Parkinson's Disease K	adder Cancer Kidney Cancer Blems High Blood Pressure Ut cy Lung Cancer Skin Cancer idney Stones Thyroid Problems	terine Cancer Tuberculosis
Other:		