

**Urological Services, PC**  
**INTAKE SHEET**

**PATIENT NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE & ZIP CODE** \_\_\_\_\_

**PHONE NUMBER(S)** HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

(Circle One)                      **MALE**                                      **FEMALE**

**AGE** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_\_

**PARENTS (IF A CHILD):** \_\_\_\_\_

**EMPLOYED BY:** \_\_\_\_\_

**SPOUSE:** \_\_\_\_\_

**SPOUSE EMPLOYED BY:** \_\_\_\_\_

**REFERRING DOCTOR:** \_\_\_\_\_

**FAMILY DOCTOR:** \_\_\_\_\_

**PLEASE CIRCLE ALL THAT APPLY:**

**ALLERGIES :**                      None                      Penicillin                      Sulfa                      Cipro                      Macrochantin  
   IVP Dye                      Latex                      Iodine                      Shellfish

Others (please list) \_\_\_\_\_

**MEDICATIONS:**                      None                      Aspirin                      Cardura                      Coumadin                      Detrol  
**(ALL Current Medications)**                      Ditropan                      Flomax                      Plavix                      Proscar                      Viagra

Others (please list) \_\_\_\_\_

**SURGERIES:**                      Appendix                      Back/Neck                      Prostate                      Gallbladder                      Hernia  
   Heart Bypass                      Hip Surgery                      Cystocele                      Vasectomy                      Hysterectomy  
   Heart Stents                      Knee Surgery                      Bladder Suspension  
   Kidney Stone Surgery                      Kidney Removal  
   Prostate Surgery for Cancer                      Prostate Surgery for Enlarged Prostate

Others (please list) \_\_\_\_\_

**MEDICAL HISTORY:**                      Glaucoma                      Stroke                      Heart Attack                      High Blood Pressure  
   Arthritis                      Diabetes                      Emphysema                      Acid Reflux  
   Hiatal Hernia                      Chronic Back Pain                      Chronic Chest Pain  
   Irregular Heart Beat                      Blood Clots in legs or lungs  
   Cancer (type) \_\_\_\_\_

**MEDICAL HISTORY CONT.**

Other medical problems (please list) \_\_\_\_\_

**FAMILY HISTORY:** Heart Attack Diabetes High Blood Pressure Prostate Cancer

**SOCIAL HISTORY:** Married Single  
Do you smoke? Never Yes Quit (date) \_\_\_\_\_  
Do you drink alcohol? No Yes Quit  
How many caffeinated drinks do you have each day? 0 1 2 3 4+

**ROS**

Constitutional	Fever	Chills	Weight Loss
Eyes	Blurry Vision	Double Vision	Cataracts
Ear, Nose, Mouth, Throat	Hearing Loss	Nasal Stuffiness	Sore Throat
Respiratory	Shortness of Breath	Wheezing	Chronic Cough Difficulty Breathing
Gastrointestinal	Abdominal Pain	Nausea/Vomiting	Change in Bowels
Genitourinary	Incontinence	Painful Urination	Blood in Urine
Musculoskeletal	Chronic Back Pain	Chronic Neck Pain	Sore Muscles
Integumentary/Skin	Rash	Persistent Itching	Skin Cancer History
Neurological	Numbness	Tingling	Dizziness
Hematologic/Lymphatic	Swollen Glands	Abnormal Bleeding	Transfusion History

**VITALS** Height \_\_\_\_\_ Weight \_\_\_\_\_ RR \_\_\_\_\_  
Pulse \_\_\_\_\_ BP \_\_\_\_\_

**REASON I AM HERE TODAY:** Enlarged Prostate Blood in Urine High PSA  
Bladder Infection Kidney Stones Urine Leakage  
Bladder Cancer Prostate cancer Erectile Dysfunction  
Infertility Lump in Scrotum Difficulty Urinating

Other (please list) \_\_\_\_\_

When did problem begin? \_\_\_\_\_

What treatments have you had for the problem? (please list) \_\_\_\_\_

**COMMENTS:**