NEW PATIENT

NAME_____ **DATE:**_____

***REASON FOR VISIT:**_____

HPI

***Location: Abdomen Kidney Back Scrotum Prostate Groin Penis Testicle Bladder**

***When did this problem start:**_____

***How long has it lasted:** _____

***Anything help or make it worse:** _____

***Anything happening at the same time:** _____

***Other signs/symptoms:**_____

For Physicians Use Only:

This patient was sent to me for a consultation by Dr. _____, to be evaluated for _____.

Voiding Hx:	Nocturia _____	Daytime Freq _____
	Urgency _____	Hesitancy _____
	Force of stream _____	Hematuria:_____
	Dysuria:_____	Incontinence:_____
Past GU Hx:	UTI: _____	Stones: _____
	GU Surgery _____	Erections _____
	Family History of PCA _____	PSA Hx _____

***Past Medical History**:

Diabetes	Y ☐	N ☐	Hypertension	Y ☐	N ☐
Mitral Valve Prolapse	Y ☐	N ☐	Lung Disease	Y ☐	N ☐
Heart Disease	Y ☐	N ☐	OTHER_____		

***List all prior surgeries:** _____

_____

***List all medication allergies**:_____

***List all current medications including aspirin**:_____

_____

***Social History**: Do you smoke? Y ☐ N ☐ If yes, how much? _____ Do you drink? Y ☐ N ☐ If yes, how much? _____

***Family History**: List all specific serious illness in immediate family members and their relationship to you:

_____

_____

_____

PATIENTS: PLEASE TURN OVER AND COMPLETE

REVIEW OF SYSTEMS

Constitutional Systems
Fever Y N
Chills Y N
Headache Y N
Other _____

Eyes
Blurred vision Y N
Double vision Y N
Pain Y N
Other _____

Allergic/Immunologic
Hay fever Y N
Other _____

Respiratory
Wheezing Y N
Frequent Cough Y N
Shortness of breathe Y N

Neurological
Tremors Y N
Dizzy spells Y N
Numbness Y N
Tingling Y N

Endocrine
Excessive thirst Y N
Hot/Cold flashes Y N
Tired/sluggish Y N
Other _____

Gastrointestinal
Abdominal pain Y N
Nausea/vomiting Y N
Indigestion/Heartburn Y N
Constipation Y N
Other _____

Cardiovascular
Chest pain Y N
Varicose veins Y N
High blood pressure Y N
Heart murmur Y N
If yes does it require antibiotics prior to dental work? Y N
Other _____

Blood
Swollen glands Y N
Blood clotting problem Y N
Other _____

Skin
Skin rash Y N
Boils Y N
Persistent itch Y N
Other _____

Muscle/Joint
Joint pain Y N
Neck pain Y N
Back pain Y N
Other _____