

**Pregenzer Urology**

9 Cranbrook Boulevard, 2nd Floor

Enfield, CT 06082

Ph: (860) 962-6600 Fax: (860) 962-6866

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_

Review of Systems- Check the conditions/diseases you have now or have had in the past:

**\_\_General**

\_\_Pneumonia

\_\_Heart disease

\_\_Arthritis

\_\_Tuberculosis

\_\_Diabetes

\_\_Cancer

\_\_Glaucoma

\_\_Hernia

\_\_Transfusions

\_\_Back trouble

\_\_Hypertension

\_\_Asthma

\_\_AIDS/HIV +

\_\_Bronchitis

\_\_Stroke

\_\_Hepatitis

\_\_Ulcer

\_\_Kidney disease

\_\_Thyroid disease

\_\_Bleeding tendency

**Constitutional:**

\_\_Change in appetite

\_\_Weight gain/loss

**HENT:**
\_\_Hearing loss

\_\_Glaucoma

\_\_Cataracts

**Respiratory**

\_\_Short of breath

\_\_Wheezing

**Gastrointestinal**

\_\_Abd. cramping

\_\_Chronic diarrhea

\_\_Constipation

\_\_Rectal bleeding

**Cardiac/Vascular:**

\_\_Palpitations

\_\_Chest pain

\_\_Arrhythmia/AFIB

**Genitourinary:**

\_\_Frequent A.M. urination

\_\_Frequent P.M. urination

\_\_Painful urination

\_\_Leakage of urine

\_\_Blood in urine

\_\_Back pain

\_\_Kidney infections

\_\_Kidney stones

\_\_Urinary urgency

\_\_Urinary retention

\_\_UTI

\_\_Weak stream

\_\_Urological cancer

\_\_Prostate cancer

**Integumentary:**

\_\_Skin rash

**Neurological:**

\_\_Dizziness

\_\_Seizure

\_\_Lightheaded

\_\_Tremor

**Endocrine:**

\_\_Hot/cold flashes

\_\_Hair loss

**Musculoskeletal:**

\_\_Backaches

\_\_Psychological

\_\_Depression

\_\_Memory loss

**Women Only:**

\_\_Birth control

\_\_Pregnancies

\_\_LMP

**Men Only:**

\_\_Penile discharge

\_\_Testicular lump/pain

\_\_Impotence

\_\_Painful intercourse

**Other**

**Current Medications:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies to Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surgeries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Medical History:**

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PGF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MGM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PGM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MGF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social History:**

Current Smoker: Y N If so, how many per day ¼ pack, ½ pack, ¾ pack, 1 pack, 2 packs

Alcohol Y N If so, how many drinks per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Illicit drug use: Y N If so, list substances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_