Pregenzer Urology
160 Hazard Ave., Suite 103
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: ______________________________