Urologist

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Patient Profile

Name: _____ DOB: _____ Age:_____

Allergies:

- ☐ Nil known
- ☐ Type:

Alcohol:

- ☐ Non drinker / Minimal
- ☐ Moderate (Less than 4 per day)
- ☐ Heavy (____ per day)

Smokers:

Cigarettes / pipe / Other:_____
____ per day

Period in years:_____

- ☐ Ex-smoker (Year last smoked ___)
- ☐ Never smoked

Your Concerns:

Past Surgical History:

Medication: **(Names only)**

Past Medical History: General

- ☐ Diabetes
- ☐ Gout
- ☐ Arthritis
- ☐ Peptic Ulcers / Gastritis
- ☐ Strokes
- ☐ MS (Multiple Sclerosis) /Parkinsons

Other:

Family History:

General:

Cancers:

Past Medical History: Specific

Heart / Lung

- ☐ Asthma
- ☐ Bronchitis / Emphysema
- ☐ Rheumatic Fever
- ☐ Blood Pressure
- ☐ Angina
- ☐ Heart Attack

Vascular

- ☐ Deep Venous Thrombosis
- ☐ Bleeding Tendency

Infectious

- ☐ Hepatitis type:
- ☐ HIV / Aids
- ☐ Venereal Disease

Cancer:

Other:

Urology History:

- ☐ Kidney / Ureteric stones
- ☐ Nephritis
- ☐ Kidney Failure
- ☐ Subfertility
- ☐ Prostatitis
- ☐ Enlarged Prostate
- ☐ Incontinence
- ☐ Erectile Dysfunction

Cancer:

- ☐ Prostate
- ☐ Kidney
- ☐ Testis
- ☐ Bladder

Other: