



WESTERN MICHIGAN UROLOGICAL ASSOC.



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Today's DATE: _____

NAME: _____ AGE: _____ BIRTHDATE: _____

OCCUPATION: _____ HEIGHT: _____ WEIGHT: _____

REASON FOR VISIT: _____

PAST MEDICAL HISTORY: please check all that apply to you

ALZHEIMER'S	LIVER DISEASE/HEPATITIS
ARTHRITIS	LUNG DISEASE
ASTHMA	MAJOR INJURY TYPE:
BACK PROBLEMS	MEASLES
BLOOD CLOTS	MIGRAINES
CARDIAC STENT	MUMPS
CHICKEN POX	NERVOUS BREAKDOWN
CLOT RETENTION	PACEMAKER/DEFIBRILLATOR
CONVULSIONS/SEIZURES	PARKINSON'S DISEASE
DIABETES	PNEUMONIA
CANCER TYPE:	POST OP HEMORRHAGE OR BLEEDING
DEPRESSION/ANXIETY	RHEUMATIC FEVER
GLAUCOMA	SCARLET FEVER
HEART ATTACK	SKIN DISEASE
HEARTBURN/GASTRIC REFLUX	STROKE
HEART TROUBLE	THYROID
HIGH BLOOD PRESSURE	TUBERCULOSIS
HIGH CHOLESTEROL/LIPIDS	ULCERS
HIV/AIDS	URINARY CATHETER
INFLAMMATORY BOWEL	URINARY TRACT INFECTION
IRREGULAR HEARTBEAT	VENEREAL DISEASE
JOINT REPLACEMENT TYPE:	WHOOPING COUGH
KIDNEY/BLADDER DISEASE	SERIOUS ILLNESS/OTHER TYPE:
KIDNEY STONES	

PLEASE LIST ALL PAST SURGERIES AND DATES AND ANY COMPLICATIONS

SURGERY	DATE	COMPLICATIONS

PLEASE LIST ALL MEDICATIONS | SUPPLEMENTS YOU ARE TAKING AND DOSES

MEDICATION	DOSE

PLEASE LIST ANY ALLERGIES AND REACTIONS

ALLERGY	REACTION

PLEASE SELECT ANY OF THE FOLLWING THAT A **BLOOD** RELATIVE HAS HAD AND STATE WHICH RELATIVE IT WAS

DISEASE	FAMILY MEMBER
CANCER (TYPE)	
DIABETES	
HEART TROUBLE	
HIGH BLOOD PRESSURE	
KIDNEY TROUBLE	
MENTAL TROUBLE	
SEIZURES/CONVULSIONS	
STROKE	
TB (Tuberculosis)	

SOCIAL HISTORY:

DO YOU DRINK: YES NO HOW MUCH: _____ HOW OFTEN: _____

DO YOU SMOKE: YES NO HOW MUCH: _____ HOW OFTEN: _____

DO YOU USE ILLICIT/ILLEGAL DRUGS: YES NO HOW MUCH: _____ HOW OFTEN: _____

REVIEW OF SYSTEMS
Please mark any **CURRENT** issues

Constitution		Gastrointestinal
Fever		Heartburn
Chills		Nausea
Fatigue		Vomiting
Loss of appetite		Diarrhea
		Constipation
Eyes		Abdominal pain
Blurred vision		
Double vision		Integumentary
Eye pain		Skin rash
		Itching
HENT		New skin lesions
Sore throat		
Sinus pain		Neurological
Headaches		Tingling or numbness
		Memory difficulties
Cardiovascular		Tremors
Chest pain		
Lower extremity edema		Musculoskeletal
		Back pain
Respiratory		Joint pain
Shortness of breath		Muscle weakness or paralysis
Wheezing		
Cough		Hematological/Lymphatic
		Lymph node enlargement or tenderness
		Swollen glands
		Blood clotting problem