

Wichita Urology Group, P.A.
MEDICAL HISTORY FORM

Patient Name _____ DOB _____ Age _____

Family Doctor _____ City _____ Referring Doctor _____

Other Doctors Caring For You _____

Reason for Visit/Chief Complaint _____

PATIENT PAST MEDICAL HISTORY

(PLEASE CIRCLE ALL THAT APPLY)

CARDIAC DISEASE

Hypertension Y N
 Hypercholesterolemia Y N
 Coronary Artery Disease Y N
 Congestive Heart Failure Y N
 Cardiomyopathy Y N
 Atrial Fibrillation Y N
 Irregular Heartbeat Y N
 Other Cardiac Disorder Y N
 AMI / Heart Attack Y

VASCULAR DISEASE

Transient Ischemic Attack Y N
 Stroke/Cerebrovascular Accident Y N
 Cerebral Aneurysm Y N
 Abdominal Aneurysm Y N
 Iliac Artery Aneurysm Y N
 Peripheral Vascular Disease Y N
 Renal Artery Stenosis Y N
 Iliac Artery Stenosis Y N
 Carotid Artery Stenosis Y N
 Mesenteric Artery Stenosis Y N
 Deep Venous Thrombosis (Clot in Legs) Y N
 Other Vascular Disorder _____

LUNG DISEASE

Asthma Y N
 Pneumonia Y N
 Tuberculosis Y N
 COPD Y N
 Chronic Bronchitis Y N
 Other Lung Disorder _____

UPPER GI/LIVER DISEASE

Gastroesophageal Reflux Disease Y N
 Peptic Ulcer Disease Y N
 Hiatal Hernia Y N
 Esophageal Tears Y N
 Pancreatitis Y N
 Hepatitis A Y N
 Hepatitis B Y N
 Hepatitis C Y N
 Cirrhosis Y N
 Jaundice Y N
 Hemochromatosis Y N
 Other Upper GI/Liver Disease _____

BOWEL/COLON DISEASE

Diverticulosis Y N
 Diverticulitis Y N
 Crohn's Disease Y N
 Ulcerative Colitis Y N
 Colon Polyps Y N
 Hemorrhoids Y N
 Other Bowel/Colon Disease _____

ENDOCRINE DISEASE

Insulin-Dependent Diabetes Y N
 Non-Insulin Dep. Diabetes Y N
 Gout Y N
 Hypothyroidism Y N
 Hyperthyroidism Y N
 Cushing's Disease Y N
 Hypogonadism Y N
 Hypopituitarism Y N
 Pituitary Adenoma Y N
 Adrenal Disorder Y N
 Adrenal Adenoma Y N
 Other Endocrine Disorder _____

HEMATOLOGIC DISEASE

Sickle Cell Anemia Y N
 Sickle Cell Carrier Y N
 Hypercoagulable State Y N
 Hemophilia Y N
 Bleeding Disorder Y N
 Anemia Y N
 Factor 8 Deficiency Y N
 Von Willebrand Disease Y N
 Other Hematologic Disorder _____

CANCER

Oral Y N
 Laryngeal Y N
 Breast Y N
 Lung Y N
 Stomach Y N
 Colon Y N
 Melanoma Y N
 Skin Y N
 Ovarian/Uterine/Cervical Y N
 Hodgkin's Lymphoma Y N
 Non-Hodgkin's Lymphoma Y N
 Leukemia Y N

GU CANCER

Prostate (Adenocarcinoma) Y N
 Prostate (Other) Y N
 Bladder (Transitional cell) Y N
 Bladder (Squamous cell) Y N
 Bladder (Adenocarcinoma) Y N
 Bladder (Other) Y N
 Urethra (Transitional cell) Y N
 Urethra (Squamous cell) Y N
 Urethra (Adenocarcinoma) Y N
 Urethra (Other) Y N
 Renal (Transitional cell) Y N
 Renal (Renal cell) Y N
 Ureter (Transitional cell) Y N
 Testis (Seminoma) Y N
 Testis (Non-Seminoma) Y N
 Testis (Other) Y N

HEAD & NECK DISEASE

Cataracts Y N
 Glaucoma (wide angle/ narrow) Y N
 Hearing Loss Y N
 Other Head & Neck Disorder _____

GENITOURINARY DISEASE

Renal Stones Y N
 Kidney Stones Y N
 Bladder Stones Y N
 Urinary Tract Infections Y N
 Pyelonephritis Y N
 Benign Prostatic Hyperplasia Y N
 Urethral Stricture Disease Y N
 Ureteral Diverticulum Y N
 Prostatitis Y N
 Epididymitis Y N
 Cysts of the Kidney Y N
 Stress Incontinence Y N
 Urge Incontinence Y N
 Interstitial Cystitis Y N
 Duplication of Ureter Y N
 Reflux of Urine Y N
 Sexually-Transmitted Disease:
 - Gonorrhea Y N
 - Syphilis Y N
 - Chlamydia Y N
 Other Sexually-Transmitted Disease: _____

PATIENT NAME: _____

DOB _____

INFECTIOUS DISEASE

Human Immunodeficiency Virus		
Positive	Y	N
Herpes Simplex (oral)	Y	N
Herpes Simplex (genital)	Y	N
Meningitis	Y	N
Human Papilloma Virus	Y	N

RADIATION THERAPY

Head	Y	N
Chest	Y	N
Abdomen	Y	N
Pelvis	Y	N
Extremity	Y	N
Prostate	Y	N

PSYCHOLOGICAL DISEASE

Bipolar	Y	N
Schizophrenia	Y	N
Depression	Y	N
Anxiety Disorder	Y	N

SYSTEMIC CHEMOTHERAPY

Systemic Chemotherapy	Y	N
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NEUROLOGICAL/ORTHOPEDIC DISEASE

Seizure Disorder	Y	N
Epilepsy	Y	N
Migraine Headaches	Y	N
Spinal Cord Injury	Y	N
Paraplegia	Y	N
Quadriplegia	Y	N
Parkinson's Disease	Y	N
Multiple Sclerosis	Y	N
Transverse Myelitis	Y	N
Tremor Disorder	Y	N
Lumbar Disk Disease	Y	N
Cervical Disk Disease	Y	N
Thoracic Disk Disease	Y	N
Spinal Stenosis	Y	N
Spina Bifida	Y	N
Neuropathy	Y	N
Extremity Contractures	Y	N
Scoliosis	Y	N

GYNECOLOGIC/BIRTH HISTORY

Gravida	Y	N
Para	Y	N
Abortion	Y	N
Last normal menstrual period	_____	_____
Tubal Pregnancy	Y	N
Endometriosis	Y	N
Uterine Fibroids	Y	N
Dysfunctional Uterine Bleeding	Y	N
Falling Bladder (Cystocele)	Y	N
Falling Rectum (Rectocele)	Y	N
Polycystic Ovary Syndrome	Y	N

RHEUMATOLOGIC/BONE DISEASES

Fibromyalgia	Y	N
Rheumatoid Arthritis	Y	N
Osteoarthritis/Osteoporosis	Y	N

TRANSPLANT STATUS

Heart	Y	N
Lung	Y	N
Kidney	Y	N
Pancreas (Enteric Drained)	Y	N
Pancreas (Bladder Drained)	Y	N
Liver	Y	N
Bone Marrow	Y	N

Current HT _____ **Current WT** _____

Pulse _____ **B / P** _____

Most Recent PSA _____

LIST CURRENT MEDICATIONS AND DOSAGES (INCLUDE OVER-THE-COUNTER MEDICATIONS AND HERBS)

_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST CURRENT MEDICATIONS ALLERGIES AND TYPE OF REACTION

_____	_____	_____
_____	_____	_____

IF REACTION TO IODINE, LIST TYPE: _____

PATIENT NAME: _____

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SURGICAL HISTORY

HEAD/NECK SURGERY

Craniotomy	Y	N
Ventricular Shunt	Y	N
Tracheostomy	Y	N
Laryngectomy	Y	N
Cataract Surgery	Y	N
Tonsillectomy	Y	N
Adenoidectomy	Y	N

GENERAL SURGERY

Appendectomy	Y	N
Hemorrhoidectomy	Y	N
Inguinal Hernia Repair	Y	N
Umbilical Hernia Repair	Y	N
Incisional Hernia Repair	Y	N
Laparoscopic Cholecystectomy	Y	N
Open Cholecystectomy	Y	N
Laparotomy for Small Bowel Obstruction	Y	N
Lysis of Adhesions	Y	N
Any Open Abdominal Surgery	Y	N

NEUROSURGERY

Cervical Disk Surgery	Y	N
Thoracic Disk Surgery	Y	N
Lumbar Disk Surgery	Y	N
Fusion/Refusion of Vertebrae	Y	N
Spinal Arthrodesis	Y	N
Laminectomy	Y	N

CARDIOTHORACIC SURGERY

Coronary Artery Bypass Graft	Y	N
Aortic Valve Replacement	Y	N
Mitral Valve Replacement	Y	N
Coronary Artery Stent	Y	N
PTCA (Angioplasty)	Y	N
Pacemaker	Y	N
Wedge Resection of Lung	Y	N

ORTHOPEDIC SURGERY

Total Hip Replacement	Y	N
Shoulder Surgery	Y	N
Knee Arthroscopy	Y	N
Shoulder Arthroscopy	Y	N
Knee Arthroplasty	Y	N

VASCULAR SURGERY

Carotid Endarterectomy	Y	N
Surgery for Abdominal Aortic Aneurysm	Y	N
Bypass Graft Using Vein: (Femoral-Femoral)	Y	N
Bypass Graft Using Vein: (Iliac-Femoral)	Y	N

GYNECOLOGIC SURGERY

Abdominal Hysterectomy	Y	N
Vaginal Hysterectomy	Y	N
Laparoscopic Hysterect.	Y	N
Salpingo-Oophorectomy	Y	N
Tubal Ligation	Y	N
Dilation & Curettage	Y	N
C-Section	Y	N

CANCER SURGERY

Brain	Y	N
Laryngeal	Y	N
Breast	Y	N
Lung	Y	N
Gastric	Y	N
Colon	Y	N
Prostate	Y	N
Bladder	Y	N
Kidney	Y	N
Testis	Y	N
Melanoma	Y	N
Skin	Y	N
Ovarian	Y	N
Uterine	Y	N
Cervical	Y	N
Hodgkin's Lymphoma	Y	N
Non-Hodgkin's Lymphoma	Y	N

COSMETIC SURGERY

Abdominoplasty	Y	N
Rhinoplasty	Y	N

GENITOURINARY CYSTO/STONE

Cystoscopy with Ureteroscopy W/Removal of Calculus	Y	N
Ureteroscopic Laser Lithotripsy	Y	N
Cysto/Stent	Y	N
Cysto/Urethral Stent	Y	N
Cystolitholapaxy Bladder Stone	Y	N
Cysto-Hydrodistention of Bladder	Y	N
Cystoscopy For Urethral Stricture	Y	N
Cysto/Bladder Biopsy	Y	N
Extracorporeal Shockwave Lithotripsy (ESWL)	Y	N
Percutaneous Stone Removal	Y	N
Ureterolithotomy	Y	N
Open Renal Stone Surg.	Y	N
Transurethral Resection of Bladder Tumor	Y	N
Transurethral Resection of Prostate	Y	N

GENITOURINARY MAJOR

Nephrectomy	L	R
Partial Nephrectomy	L	R
Nephroureterectomy	L	R
Percutaneous Cryoablation of Kidney	L	R
Laparoscopic Cryoablation of Kidney	L	R
Open Pyeloplasty	L	R
Laparoscopic Pyeloplasty	L	R
Endopyelotomy	L	R
Cystoscopy	Y	N
Cystoprostatectomy	Y	N
Ureteroileal Conduit	Y	N
Ureterocolon Conduit	Y	N
Continent Ureteral Diversion	Y	N
Neobladder	Y	N
Radical Prostatectomy	Y	N
Simple Prostatectomy	Y	N
DaVinci Robotic Prostatectomy	Y	N
Artificial Urine. Sphincter	Y	N
Inflat. Penile Prosthesis	Y	N
Cryoablation Prostate	Y	N
Brachytherapy Prostate	Y	N

PATIENT NAME: _____

DOB _____

GU MINOR-MALE

Urethroplasty	Y	N
Male Sling	Y	N
Orchiopexy	L	R
Orchiectomy	L	R
Hydrocele Repair	L	R
Spermatocele Repair	L	R
Abdominal Varicocele Repair	Y	N
Inguinal Varicocele Repair	Y	N
Circumcision	Y	N
Penile Corporoplasty	Y	N
Treatment of Condyloma	Y	N
Transrectal Prostate Biopsy	Y	N
Vasectomy	Y	N
Vasectomy Reversal	Y	N
Epididymal Aspiration of Spermatocele	Y	N

GU MINOR-FEMALE

Vaginal Sling	Y	N
Cystocele Repair	Y	N
Rectocele Repair	Y	N
Injection of Collagen	Y	N
Retropubic Urethral Suspens.	Y	N
Colpopexy	Y	N

SOCIAL HISTORY

SMOKING

____ Never ____ Occasional ____ Active Smoker for ____ years ____ Packs per day
Quit ____ days / weeks / months / years ago.

ORAL TOBACCO

Never	Y	N
Quit	Y	N

ALCOHOL USE

Never	Y	N
Socially	Y	N
Daily	Y	N
Quit	Y	N
History of Delirium Tremens	Y	N
History of Alcohol Rehab	Y	N

ILLICIT DRUG USE

Never	Y	N
Quit	Y	N
Marijuana	Y	N
Cocaine	Y	N
LSD	Y	N
Crystal Methamphetamine	Y	N
Prescription Drug Abuse	Y	N
Intravenous Drug Use	Y	N
History of Overdose	Y	N
History of Drug Rehab	Y	N

OCCUPATION (RETIRED, FULL TIME, PART TIME) _____

MARITAL STATUS _____

NUMBER OF CHILDREN _____

