MIAMI UROLOGY®
& SEXUAL WELLNESS INSTITUTE

Medical History

Date: _____

Patient Full Name:_____ Age: _____

Medical History:

Do you currently suffer from any othe following (check all those that apply)?

- ☐ Arthritis
- ☐ Asthma
- ☐ Bladder Problems
- ☐ Cataracts of the Eyes
- ☐ Chronic Bleeding Problems
- ☐ Chronic Lung Disease
- ☐ Diabetes Mellitus
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Prostate Problems
- ☐ Stomach Ulcers
- ☐ Other:_____

Past Surgical History:

Please check the surgical procedures which you have had done in the past.

- ☐ Angioplasty
- ☐ Appendectomy
- ☐ Artificial Joint Implant
- ☐ Bladder Surgery
- ☐ Gall Bladder Removal
- ☐ Hysterectomy
- ☐ Open Heart Surgery
- ☐ Pacemaker Implanted
- ☐ Open Heart Surgery

Allergies:

Please check any medications to which you are allergic.

- ☐ None
- ☐ Antidepressants
- ☐ Blood Pressure Medication
- ☐ Codiene
- ☐ Compazine
- ☐ Hydrocodone
- ☐ Morphine
- ☐ Penicillin
- ☐ Phenergan

Family Medical History:

Please check the boxes of any diseases which may run in your family.

- ☐ Aneurysms
- ☐ Bladder Cancer
- ☐ Colon Cancer
- ☐ Kidney Cancer
- ☐ Kidney Stones
- ☐ Prostate Cancer

Social History:

Do you smoke? ☐ Yes ☐ No

If yes, how many packs per day? _____

If no, did you ever smoke? ☐ Yes ☐ No

If you no longer smoke, but indicated that at one time you did smoke, when did you quit (year)? _____

Do you consume alcoholic beverages? ☐ Yes ☐ No

If yes, how many drinks per day (on average)? _____

If no, did you ever drink? ☐ Yes ☐ No

If you no longer drink alcohol, but indicated that at one time you did, when did you quit (year)? _____

Occupational History:

Please check the box that currently applies. If you are currently working, please include your job title.

☐ Retired

☐ Currently Working: _____

Medications:

Please list all current medications you take (you do not have to list what you take it for). If you do not know the names of your medications, just check the box 'Do Not Know'.

☐ Do Not Know

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____