

MEDICAL HISTORY

NAME: _____
Last First Middle

AGE _____ BP: _____/_____ HT _____ WT _____ lbs.

MEDICATION (1=qd) (2=bid) (3=tid) (4=qid)

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

Allergies _____

UROLOGIC QUESTIONS:

1. Why did you come to see Dr. Peng today?

2. Have you had any urologic problems or surgery before?

3. Have you seen any other urologists recently?

4. Have you had any recent urologic x-rays, sonograms, CT scans?

PAST MEDICAL HISTORY: Do you suffer from any of the following diseases?

- | | | | |
|--------------|-----------------|---------------|-------------|
| Hypertension | Asthma | Heart disease | Arrhythmias |
| TB | Abnormal stools | Emphysema | Pneumonia |
| Ulcers | Seizures | Hepatitis | Diabetes |
| Stroke | | Arthritis | |

SOCIAL HISTORY:

OCCUPATION: _____

SMOKE: _____ packs per day

ALCOHOL: SOCIAL EXCESSIVE