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
Coronary Artery Disease Y N
Congestive Heart Failure Y N
Irregular Heartbeat/Atrial Fibrillation Y N
AMI / Heart Attack Y N
Hypercholesterolemia Y N
Other:_____

Vascular Disease
Aneursym Y N
Transient Ischemic Attack/Stroke Y N
Peripheral Vascular Disease Y N
Deep Venous Thrombosis (Clot in Legs) Y N
Other:_____

Head and Neck Disease
Glaucoma(wide angle/ narrow) Y N
Cataracts Y N
Other:_____

Lung Disease
Asthma Y N
COPD Y N
Chronic Bronchitis Y N
Other:_____

Upper GI/Liver Disease
Gastroesophageal Reflux Disease Y N
Hiatal Hernia Y N
Hepatitis A,B or C Y N
Liver Cirrhosis/Jaundice Y N
Peptic Ulcer Disease Y N
Other:_____

Bowel/Colon Disease
Crohn's/Ulcerative Colitis Y N
Diverticulitis Y N
Other:_____

Hematologic Disease
Sickle Cell Anemia/Carrier Y N
Hypercoagulable State (increased risk of clotting) Y N
Bleeding Disorder Y N
Other:_____

Psychologic Disease
Bipolar Y N
Anxiety Disorder Y N
Depression Y N
Schizophrenia Y N

Endocrine Disease
Insulin-Dependent Diabetes Y N
Non-Insulin Dep. Diabetes Y N
Adrenal Disorder Y N
Hypothyroidism Y N
Hyperthyroidism Y N
Hypogonadism Y N
Hypopituitarism Y N
Gout Y N
Other:_____

Cancer
Oral/Laryngeal Y N
Breast Y N
Lung Y N
Ovarian/Uterine/Cervical Y N
Colon Y N
Melanoma Y N
Skin Y N
Stomach Y N
Lymphoma/Leukemia Y N
Other:_____

GU cancer
Prostate (Adenocarcinoma) Y N
Bladder Cancer Y N
Renal (Renal cell) Cancer Y N
Ureter Cancer Y N
Testis Cancer Y N
Penile cancer Y N
Other:_____

Neurologic/Orthopedic Disease
Seizure Disorder Y N
Spinal Cord Injury Y N
Paraplegia Y N
Quadriplegia Y N
Spina Bifida Y N
Multiple Sclerosis Y N
Spinal Stenosis Y N
Parkinson's Disease Y N
Vertebral Disk Disease Y N
Other:_____

Rheumatologic/Bone Disease
Fibromyalgia Y N
Rheumatoid Arthritis Y N
Osteoarthritis/Osteoporosis Y N
Other:_____

Genitourinary Disease
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
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: Y N
Other: _____

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

Transplant Status
Transplant
Organ:_____

Radiation Therapy
Chest Y N
Abdomen Y N
Pelvis Y N
Prostate Y N

Systemic Chemotherapy
Systemic Chemotherapy Y N

Gynecologic/Birth History
Pregnancies ___
Deliveries ___
Abortions ___
Uterine Fibroids Y N
Falling Bladder (Cystocele) Y N
Falling Rectum (Rectocele) Y N
Polycystic Ovary Syndrome Y N
Other;_____

Patient Name: _____ **DOB** _____

Current Weight _____ Current Height _____ Current PSA _____

Pulse _____ BP _____

List Current Medications and Dosages (Including Over-the-Counter Medications and Herbs)

List Medication Allergies and Type of Reaction

If You have had a reaction to Iodine List Type of Reaction:

_____

Surgical History

Head/Neck Surgery		General Surgery		Neurosurgery		Cardiothoracic Surgery	
Ventricular Shunt	Y N	Appendectomy	Y N	Vertebral Disk Surgery	Y N	Pacemaker	Y N
Laryngectomy	Y N	Hemorrhoidectomy	Y N	Laminectomy	Y N	Aortic Valve Replacement	Y N
Cataract Surgery	Y N	Inguinal Hernia Repair	Y N			Mitral Valve Replacement	Y N
Adenoidectomy	Y N	Umbilical Hernia Repair	Y N			Coronary Artery Stent/Angioplasty	Y N
Tonsillectomy	Y N	Incisional Hernia Repair	Y N			Coronary Artery Bypass Graft	Y N
Other:_____		Laparoscopic Cholecystectomy	Y N			Lung resection	Y N
		(Gall Bladder) Surgery	Y N				
		Open Cholecystectomy (Gall Bladder)	Y N				
		Laparotomy for Small Bowel	Y N				
		Obstruction	Y N				
		Lysis of Adhesions	Y N				
		Any Open Abdominal Surgery	Y N				

Orthopedic Surgery		Vascular Surgery		Gynecologic Surgery		Cancer Surgery	
Total Hip Replacement	Y N	Carotid Endarterectomy	Y N	C-Section	Y N	Brain	Y N
Shoulder Surgery	Y N	(Iliac-Femoral)	Y N	Vaginal Hysterectomy	Y N	Laryngeal	Y N
Knee Arthroscopy	Y N	Aortic Aneurysm	Y N	Laparoscopic Hysterect	Y N	Breast	Y N
Knee Replacement	Y N	Bypass Graft Using Vein:		Salpingo-Oophorectomy	Y N	Lung	Y N
		(Femoral-Femoral)	Y N	Tubal Ligation	Y N	Gastric	Y N
		Bypass Graft Using Vein:		Dilation & Curettage	Y N	Colon	Y N
		(Illiac-Femoral)	Y N	Abdominal Hysterectomy	Y N	Prostate	Y N
		Surgery for Abdominal	Y N				

		Cosmetic		Genitourinary Cysto/Stone	
Kidney	Y N	Abdominoplasty	Y N	Cystoscopy with Ureteroscopy	Y N
Testis	Y N	Rhinoplasty	Y N	W/Removal of Calculus	Y N
Melanoma	Y N			Ureteroscopic Laser Lithotripsy	Y N
Skin	Y N			Cysto/Stent	Y N
Ovarian	Y N			Cysto/Urethral Stent	Y N
Uterine	Y N			Cystolitholapaxy Bladder Stone	Y N
Cervical	Y N			Cysto-Hydrodistention of Bladder	Y N
Bladder	Y N			Cystoscopy For Urethral Stricture	Y N
Lymphoma	Y N			Cysto/Bladder Biopsy	Y N
				Extracorporeal Shockwave	Y N
				Lithotripsy (ESWL)	Y N
				Percutaneous Stone Removal	Y N
				Ureterolithotomy	Y N
				Open Renal Stone Surg.	Y N
				Transurethral Resection of Bladder	Y N
				Tumor	Y N
				Transurethral Resection of Prostate	Y N

Patient Name: _____ **DOB** _____

Genitourinary Major		GU MALE		GU Female	
Nephrectomy	L R	Urethroplasty	Y N	Vaginal Sling	Y N
Partial Nephrectomy	L R	Male Sling	Y N	Cystocele Repair	Y N
Nephroureterectomy	L R	Orchiopexy	Y N	Colpopexy	Y N
Cryoablation of Kidney	L R	Orchiectomy	Y N	Injection of Collagen	Y N
Open Pyeloplasty	L R	Hydrocele Repair	Y N	Retropubic Urethral Suspension	Y N
Laparoscopic Pyeloplasty	L R	Spermatocele Repair	Y N	Rectocele Repair	Y N
Endopyelotomy	L R	Varicocele Repair	Y N		
Cystoscopy	Y N	Circumcision	Y N		
Cystoprostatectomy	Y N	Treatment of Condyloma	Y N		
Ureteroileal Conduit	Y N	Transrectal Prostate Biopsy	Y N		
Ureterocolon Conduit	Y N	Vasectomy	Y N		
Continent Ureteral Diversion	Y N	Vasectomy Reversal	Y N		
Neobladder	Y N				
Radical Prostatectomy	Y N				
Simple Prostatectomy	Y N				
DaVinci Robotic Prostatectomy	Y N				
Artificial Urinary Sphincter	Y N				
Inflatable Penile Prosthesis	Y N				
Cryoablation Prostate	Y N				
Brachytherapy Prostate	Y N				

Social History

Smoking		Occupation	
Never	____	Retired	____
Occasional	____	Full Time	____
Active Smoker for _____ Years		Part Time	____
Packs Per Day _____		Type of Job_____	
Quit _____(weeks/months/years ago)			
Alcohol			
Socially	____		
Daily	____	Marital Status_____	
Amount _____		Number of Children_____	
Illicit Drug Use		Number of Biological Children_____	
Never	____		
Quit	____		
Type of drug (S)_____			

Family History

Diagnosis	Fam Hx	Father	Mother	Brother	Sister	PG-Father	PG-Mother	MG-Father	MG-Mother	P-Uncle
Breast Cancer	Y N									
Prostate Can	Y N									
Renal Cancer	Y N									
Bladder Cancer	Y N									
Testicular Can	Y N									
Heart Attack	Y N									
Heart Disease	Y N									
Stroke	Y N									
Hypertension	Y N									
Hyperlipidemia	Y N									
Diabetes	Y N									
Kidney Dis.	Y N									
Urinary Stones	Y N									
Cystic Fibrosis	Y N									
Tuberculosis	Y N									

_____ _____

Signature of Patient / Patient Representative Date Signed