

Orange County Urology Associates –Patient Information Form (Male)

Office Use Only

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date	ROS by

**Present Illness**

How has your urologic condition changed since your last visit?  Better  Same  Worse

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Urinary Symptoms**

- |   |   |
|---|---|
| <input type="checkbox"/> Frequency of urination     | <input type="checkbox"/> Incontinence (Involuntary Loss of Urine) |
| • Number of voids during the day? _____             | <input type="checkbox"/> Blood in urine                           |
| • Number of voids during the night? _____           | <input type="checkbox"/> Pain in testicles                        |
| <input type="checkbox"/> Urgency                    | <input type="checkbox"/> Flank Pain                               |
| <input type="checkbox"/> Burning/ Painful urination | <input type="checkbox"/> Fevers/Chills                            |
| <input type="checkbox"/> Urethral discharge         | <input type="checkbox"/> Slow stream                              |

**Medications**

Have there been any changes to your medications?  No  Yes, please note changes below

<i>Name of Medication</i>	<i>Dose</i>	<i>Times per Day</i>	<i>Name of Medication</i>	<i>Dose</i>	<i>Times per Day</i>

Have you had any new side effects to medicine?  No  Yes, list drug/effects

\_\_\_\_\_

**Allergies**       ***NO KNOWN DRUG ALLERGIES***

List medications to which you are allergic.

Drug Name: \_\_\_\_\_

Drug Name: \_\_\_\_\_

Please describe the reaction.

Allergic Reaction: \_\_\_\_\_

Allergic Reaction: \_\_\_\_\_

**Have you had any hospitalizations since your last visit?**  No       Yes, please section complete below

When: \_\_\_\_\_ Reason: \_\_\_\_\_

**Have you had any surgeries since you last visit?**  No       Yes, please section complete below

Date: \_\_\_\_\_ Surgery: \_\_\_\_\_

**Do you have any new medical problems since your last visit?**  No  Yes, please list conditions below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_