Patient Name: _____

DOB: _____/_____/_____

History

Gillespie County UROLOGY

Social History:

History of Tobacco Use:

☐ Current Smoker ☐ Former Smoker ☐ Never Smoked

*Frequency/Amount:*_____

History of Alcohol Use:

☐ Daily ☐ Occasional ☐ Former ☐ Never

Frequency/Amount:_____

Family Medical History:

	Father	Mother	Brother	Sister
Alive	☐	☐	☐	☐
Cause of Death				
COPD	☐	☐	☐	☐
CVA/TIA	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐
Kidney Disease	☐	☐	☐	☐
Liver Disease	☐	☐	☐	☐
Myocardial Infarction	☐	☐	☐	☐
Prostate Cancer	☐	☐	☐	☐
Colon Cancer	☐	☐	☐	☐
Ovarian Cancer	☐	☐	☐	☐
Stones	☐	☐	☐	☐
Heart Disease	☐	☐	☐	☐
Breast Cancer	☐	☐	☐	☐
Bladder Cancer	☐	☐	☐	☐
Kidney Cancer	☐	☐	☐	☐
Other				

Voiding Symptoms

☐ **Dysuria**	☐ **Hematuria**	☐ **Small Amounts**	☐ **Urge**
☐ **Urgency**	☐ **Nocturia**	☐ **Urethral Discharge**	☐ **Incontinence**
☐ **Straining**	☐ **Hesitancy**	☐ **Intermittency**	☐ **Force of Stream**
☐ **Enuresis**	☐ **Frequency of Urination**	☐ **Penile Discharge**	☐ **Incomplete Bladder Emptying**