



PAST UROLOGICAL HISTORY

Name: _____ DOB: _____ Date: _____

Please check any condition that may apply:

- Enlarged Prostate (BPH)
- Hematuria
- Incontinence
- Prostatitis
- Urethral Stricture
- Prostatectomy
- Vasectomy
- Bladder Cancer
- Prostate Cancer
- Impotence/ED
- Renal Cancer
- Renal Cyst
- Renal Failure/Insufficiency
- Urinary Tract Infection
- Kidney Stone Removal (ESWL)
- Kidney Stone Removal (Basketing)
- Prostate Surgery Type:

Nephrectomy:

Other:

PAST FAMILY HISTORY

Name: _____ **DOB:** _____ **Date:** _____

Check all that may apply:

	Father	Mother	Brother(s)	Sister(s)	Son(s)	Daughter(s)	Family
1. Kidney Stones							
2. Kidney Cancer							
3. Bladder Cancer							
4. Asthma							
5. Prostate Cancer							
6. Lung Cancer							
7. Enlarged Prostate (BPH)							
8. Breast Cancer							
9. Bleeding Problems							
10. Renal Failure/Insufficiency							
11. Heart Disease							
12. Diabetes							
13. Stroke							
14. High Blood Pressure							
15. High Cholesterol							
16. Colon Cancer							
17. Bone Cancer							
18. Pancreatic Cancer							
Other: _____							

Parental Status:

Father: Alive Deceased Age: Cause:

Mother: Alive Deceased Age: Cause:

Past Social History:

Do you Smoke? Yes No Quit? (If so, when?) _____

Do you drink alcohol? Yes No Quit? (If so, when?) _____

Do you drink Caffeine? Yes No Occasionally

Do you use illicit drugs? Yes No Occasionally

Marital Status: _____

Have Children? Yes No How many? ____ Male ____ Female

Are you on a special diet? _____

Occupation: _____