

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FILL OUT EVERY QUESTION. UROLOGY IS A SURGICAL SUB-SPECIALTY AND YOU ARE LIKELY HERE FOR A SPECIFIC PROBLEM. But, in order for me to give you the best possible care, I need to know everything about your health and all the things that can affect it.**

WHAT BRINGS YOU TO OUR OFFICE?

PLEASE LIST ALL ACTIVE MEDICAL PROBLEMS:

PLEASE LIST ALL MEDICATIONS, PRESCRIPTION AND "OVER THE COUNTER", THAT YOU CURRENTLY TAKE:

PLEASE LIST ANY SUPPLEMENTS, HERBS, VITAMINS OR MINERALS THAT YOU CURRENTLY TAKE:

PLEASE LIST ALL DRUG ALLERGIES AND THE REACTION THAT OCCURRED:

PLEASE LIST ALL PRIOR HOSPITALIZATIONS:

PLEASE LIST ALL PRIOR SURGERIES (IN YOUR ENTIRE LIFE) INCLUDING CHILD BIRTH:

PLEASE LIST ANY DISEASES THAT OCCUR IN YOUR FAMILY:  
(PARTICULARLY PROSTATE CANCER, KIDNEY STONES, RENAL FAILURE, URINARY TRACT INFECTIONS)

PLEASE LIST WHAT EXERCISE YOU DO WEEKLY:

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**Martha B. Boone, MD**

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

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

DO YOU SMOKE, DRINK, OR USE DRUGS? IF SO, HOW MUCH, HOW OFTEN AND FOR HOW MANY YEARS? IF YOU EVER SMOKED FOR MORE THAN FOUR YEARS, EVEN IF IT HAS BEEN A LONG TIME AGO, PLEASE LIST THAT HISTORY. IT CAN BE A RISK FACTOR FOR URINARY TUMORS.

HOW MANY HOURS A WEEK DO YOU WORK AND AT WHAT KIND OF JOB?

WHAT ARE YOUR HOBBIES?

ARE YOU UNDER ANY PARTICULAR STRESS, AT THIS TIME?(PHYSICAL, EMOTIONAL, MENTAL, FINANCIAL,RELATIONSHIP, FAMILY)

WHAT ARE THE TOP FOUR THINGS THAT YOU DO TO INSURE YOUR GOOD HEALTH?

WHAT IS YOUR BIGGEST "GENERAL HEALTH" CONCERN?

PLEASE TELL ME WHAT YOU WOULD MOST LIKE TO SEE IMPROVED BEFORE YOUR NEXT VISIT?

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**Martha B. Boone, MD**