

# Urology Associates of Connecticut, P.C.

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

**Chief Complaint:** What is the main reason for your visit today ? \_\_\_\_\_

ALLERGIES:			
Medications	Dosage	How Often	Notes

List Medical Problems: (Please list any chronic illnesses, past surgeries or hospitalizations)

- ☐ High Blood Pressure
- ☐ Asthma
- ☐ Heart Murmur
- ☐ Afibrillation
- ☐ Diabetes
- ☐ Glaucoma
- ☐ Valve Replacement
- ☐ Coronary Disease
- ☐ Heart Problems
- ☐ Joint Replacement

Other (Please list): \_\_\_\_\_  
\_\_\_\_\_

**List Hospitalizations:** \_\_\_\_\_  
\_\_\_\_\_

**Past Surgeries:** \_\_\_\_\_  
\_\_\_\_\_

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## Social History:

Do/did you smoke:      Yes      No      How much \_\_\_\_\_ No. of years \_\_\_\_\_ When did you stop \_\_\_\_\_

Number of Alcoholic Beverages per week \_\_\_\_\_ Occupation: \_\_\_\_\_

**Family History:**   ☐ Unknown Family History

	Relation		Relation
Bladder Cancer	_____	Pancreatic Cancer	_____
Prostate Cancer	_____	Kidney Stone	_____
Kidney Cancer	_____	Kidney Disease NOS	_____
Breast Cancer	_____	Diabetes	_____
Ovarian Cancer	_____	Heart Disease	_____

**Are any members of your immediate family deceased?**   ☐ Mother      ☐ Father      ☐ Sister      ☐ Brother