UroGynecology
SPECIALTY CENTER
A MEMBER OF COMMUNITY FOUNDATION MEDICAL GROUP & PART OF SANTÉ HEALTH FOUNDATION

PATIENT MEDICAL HISTORY

FAMILY HISTORY

Diabetes: ☐

Heart Disease: ☐

High Cholesterol: ☐

High Blood Pressure: ☐

Multiple Sclerosis: ☐

Cancer: ☐ Breast ☐ Ovarian ☐ Endometrial

☐ Kidney ☐ Cervical ☐ Colon

☐ Bladder ☐ Other: ________________

Mother: ☐ Living ☐ Deceased ________________

Father: ☐ Living ☐ Deceased ________________

Siblings:

No. Living: ☐ No. Deceased: ☐ Cause: ________

MR #: ________________________________

Date of Birth: ________________________________

Visit Date: ________________________________

Last Name: ________________________________

First Name: ________________________________

HEART CONDITIONS

☐ Murmur ☐ Palpitations ☐ Enlarged Heart

☐ Other: ________________________________

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PATIENT'S HISTORY

Diabetes:

☐ None

☐ Insulin-Dependent

☐ Non-Insulin-Dependent

Neuro: ☐ Stroke ☐ Parkinson's

☐ Peripheral Neuropathy ☐ Sciatica

☐ Spinal Stenosis ☐ Multiple Sclerosis

☐ Herniated Disc ☐ Lower Back Surgery

☐ Lower Back Pain ☐ Other: __________

Cancer: ☐ Bladder ☐ Kidney

☐ Vulvar ☐ Ovarian ☐ Breast

☐ Colon ☐ Endometrial ☐ Cervical

☐ Other ________________________

☐ HTN ☐ Chronic Cough ☐ Bowel Surgery/Resection ☐ Hiatal Hernia/Reflux

☐ High Chloesterol ☐ Asthma ☐ Bladder/Renal Surgery ☐ Fibromyalgia ☐ Heart Attack

☐ Irritable Bowel Syndrome ☐ Pelvic Radiation ☐ Depression Coronary Artery Disease

☐ Chronic Obstructive Pulmonary Disease/Emphysema ☐ Alzheimer's/Cognitive ☐ Glaucoma

☐ Inflammatory Bowel Disease/ Crohn's ☐ Abdominal Wall Hernia

☐ Other ____

*This must be a part of H & P