

# UNIVERSITY UROLOGY SYSTEM REVIEW

PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

Do you currently or have you had any problems related to the following systems? Check YES or NO  
Please explain any YES answers in the space provided

## Constitutional Symptoms

Yes  No  Chills  
Yes  No  Fever  
Yes  No  Headache  
Other \_\_\_\_\_

## Eyes

Yes  No  Blurred Vision  
Yes  No  Double Vision  
Yes  No  Cataracts  
Yes  No  Glaucoma  
Yes  No  Pain  
Other \_\_\_\_\_

## Allergies/Immunologic

Yes  No  Hay Fever  
Yes  No  Drug Allergies  
Other \_\_\_\_\_

## Neurological

Yes  No  Headaches  
Yes  No  Black Outs  
Yes  No  Seizures  
Yes  No  Stroke  
Yes  No  Tremor  
Yes  No  Dizzy Spells  
Yes  No  Numbness/Tingling  
Yes  No  Depression  
Other \_\_\_\_\_

## Endocrine

Yes  No  Diabetes  
Yes  No  Thyroid Trouble  
Yes  No  Excessive Thirst  
Yes  No  Too Hot/Cold  
Yes  No  Tired/Sluggish  
Other \_\_\_\_\_

## Cardiovascular

Yes  No  Chest pain  
Yes  No  Varicose Veins  
Yes  No  High Blood Pressure  
Yes  No  Irregular Heartbeat  
Yes  No  Heart Attack  
Yes  No  Heart Operations  
Yes  No  Blood Vessel Problems

## Abdomen

Yes  No  Pain  
Yes  No  Ulcers  
Yes  No  Gallbladder Trouble  
Yes  No  Colitis  
Yes  No  Blood in Stools  
Yes  No  Diverticulitis  
Yes  No  Jaundice  
Yes  No  Liver Problems  
Other \_\_\_\_\_

## Respiratory

Yes  No  Wheezing or Cough

## Integumentary

Yes  No  Skin Rash  
Yes  No  Boils  
Yes  No  Persistent Itch

## Musculoskeletal

Yes  No  Joint Pain  
Yes  No  Back Pain  
Yes  No  Arthritis  
Yes  No  Gout

## Ear/Nose/Throat/Mouth

Yes  No  Sinus Problems  
Yes  No  Hearing Problems  
Yes  No  Ear Infection  
Yes  No  Throat Problems

## Genitourinary

Yes  No  Urinary Frequency  
Yes  No  Prostate Surgery  
Yes  No  Infection  
Yes  No  Stones  
Yes  No  Blood in Urine  
Yes  No  Urine Leakage  
Yes  No  Urine Retention  
Yes  No  Painful Urination

## Hematologic/Lymphatic

Yes  No  Anemia  
Yes  No  Leukemia  
Yes  No  Unusual Bruising  
Yes  No  Swollen Glands  
Yes  No  Blood Clotting

Physician: \_\_\_\_\_