



Form with fields: First Name, MI, Last Name, Medical Record #

PREFERRED PHARMACY (Name/Address/Phone):

MY MAIN PROBLEMS:
Bladder Pain, Overactive Bladder, Blood in urine, Kidney Stones, Dropped Bladder, Bladder Cancer, Interstitial Cystitis, Other, Bladder Infection, Leak Urine

ALLERGIES:
None, PCN, Sulfa, Cipro, Iodine/Contrast, Other

MEDICATIONS:

SURGICAL HISTORY:
Kidney Stone Surgery, Gallbladder, Other, No Changes, Appendectomy, Heart Bypass, Childbirth: C-Section #, Vaginal Delivery #, Back/Hip/Knee, Hysterectomy, Bladder Tack, Sling (TVT), Cystoscopy, Lithotripsy

MEDICAL HISTORY:
Heart Murmur, Strokes, Other, No Changes, Hepatitis, Cancer, Diabetes, Hernia, Emphysema, Hypertension, Pregnant, Heart Attack, Parkinson's, Menopause, Last Period:

FAMILY HISTORY:
Kidney Cancer, Kidney Stones, Heart Disease

SOCIAL HISTORY:
Occupation, Retired, Marital Status: Single, Married, Divorced, Widowed, Smoke: No, Yes

MY SYMPTOM(S):
General/Constitutional, Eyes, Ears, Nose, Mouth, Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary/Skin, Neurologic, Hematologic/Lymphatic, Fever, Weight Loss, Chills, Blurry Vision, Double Vision, Cataracts, Hearing Loss, Nasal Stuffiness, Sore Throat, Chest Pains, Swollen Ankles, Irregular Heartbeat, Wheezing, Chronic Cough, Shortness of Breath, Abdominal Pain, Nausea/Vomiting, Change in Bowels, Incontinence, Painful Urination, Blood in Urine, Chronic Back Pain, Chronic Neck Pain, Sore Muscles, Rash, Persistent Itching, Skin Cancer History, Numbness, Tingling, Dizziness, Swollen Glands, Abnormal Bleeding, Transfusion History

URINARY SYMPTOM(S):
Frequency, Bladder pain, Urgency, Pain in side: R / L, Leakage, Not emptying bladder, Straining, Urinating at night (#), Abdominal pain

In compliance with California OHS A Title 8, Section 5199, healthcare facilities must prescreen patients for aerosol transmissible diseases. Please let the nurse know if you have any of the following:

Yes No History or Symptoms of Tuberculosis (productive cough, bloody sputum, fever, malaise, night sweats, unexplained weight loss)
Yes No Flu & Other Aerosol transmissible diseases, including pertussis, measles, mumps, rubella, chicken pox, meningitis