

VIRGIN ISLANDS UROLOGIC CENTER, INC.  
PATIENT INTAKE FORM

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

Referring Doctor: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Why are you seeing the doctor today? \_\_\_\_\_

How long have you had this problem? \_\_\_\_\_

What improves or worsens the problem/pain? \_\_\_\_\_

Are there any symptoms that go along with the problem/pain? \_\_\_\_\_

Is the problem/pain continuous or does it come and go? \_\_\_\_\_

Describe the pain (sharp/dull, etc.) \_\_\_\_\_

Have you tried any medicine/treatment for this problem/pain? \_\_\_\_\_

**CURRENT MEDICATIONS** - Please list ALL medications you are currently taking including over the counter meds

Drug Name:	Strength:	Directions/How you take it:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach list if necessary

Pharmacy Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**ALLERGIES** - Please list ALL types (Drug, seasonal, pets, environmental foods)

\_\_\_\_\_  
\_\_\_\_\_

By what method did you choose our practice:

\_\_\_\_\_ Referring Physician \_\_\_\_\_ Friend \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Insurance Company \_\_\_\_\_ Other

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**SOCIAL HISTORY**

**Please provide the following information:**

**Marital Status: Please indicate years**

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Life Partner \_\_\_\_\_ Common Law Spouse

**Demographic Information:**

\_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Ethnicity \_\_\_\_\_ Date of Birth \_\_\_\_\_ Preferred Language

**Dependants: Please indicate # of each, if you have:**

\_\_\_\_\_ Sons \_\_\_\_\_ Daughters \_\_\_\_\_ Stepchildren \_\_\_\_\_ Adopted \_\_\_\_\_ Foster \_\_\_\_\_ Parents \_\_\_\_\_ Grandparents

**Occupation: Please circle one that applies:**

None, Laborer, Truck Driver, Tradesman, Clerk, Administrative, Executive, Professional, Part-Time, Retired, Other

**Hobbies: Please circle any that apply to you:**

None, Golf, Tennis, Computers, Basketball, Football, Swimming, Soccer, Baseball

**Alcohol Consumption:**

\_\_\_\_\_ None \_\_\_\_\_ Yes Occasional/Social # of drinks per day \_\_\_\_\_

**Tobacco per day:**

\_\_\_\_\_ None \_\_\_\_\_ Yes # \_\_\_\_\_ Packs/day \_\_\_\_\_ Cigarettes/day \_\_\_\_\_ Smokeless Tobacco

**If you previously stopped, When? \_\_\_\_\_**

**Recreational Drugs:** \_\_\_\_\_ None If yes, please list: \_\_\_\_\_

**Caffeinated beverages:** None Low Moderate Excessive

**Recent Foreign Travel:** None Americas \_\_\_\_\_ Worldwide \_\_\_\_\_

**REVIEW OF SYSTEMS:**

**Constitutional**

Appetite Changes  
Anorexia  
Aches and Pains  
Chills  
Easy Bruising  
Fever  
Fatigue  
Generalized Weakness  
Insomnia  
Night Sweats  
Sleep Apnea  
Swollen Glands  
Weight Gain  
Weight Loss

**Eyes**

Blind  
Blurred Vision  
Double Vision  
Glaucoma  
Pain  
Worsening Eyesight

**Allergic/Immunologic**

Animal Allergies  
Drug Allergies  
Environmental Allergies  
Food Allergies  
Seasonal Allergies

**Neurological**

Balance Problems  
Disoriented  
Dizzy Spells  
Headache  
Lack of Alertness  
Leg or Arm Weakness  
Memory Loss  
Numbness/Tingling  
Stroke  
Speech Problems  
Tremors

**Endocrine**

Diabetes  
Excessive thirst  
Pituitary Disease  
Thyroid Disease  
Tired/Sluggish  
Too Hot/Cold

**Gastrointestinal**

Abdominal Cramps  
Abdominal Pain  
Acid Reflux  
Bloody Stools  
Change in Bowel Habits  
Constipation  
Diarrhea  
Flatulence  
Gas  
Hemorrhoids  
Indigestion/heartburn

Irregular Bowel  
Movements  
Nausea/vomiting  
Rectal Bleeding  
Tarry Stool

**Cardiovascular**

Chest Pain/Angina  
Dyspnea on Exertion  
Edema  
Heart Attack  
Heart Failure  
Heart Murmur  
High Blood Pressure  
Irregular Heart Beat  
Mitral Valve Prolapse  
Orthopnea  
Pain/Cramps Hips/Legs  
w/exercise  
Palpitation  
Skipped Heart Beats  
Swelling

**Skin**

Acne  
Boils  
Changing Moles  
Persistent Itch  
Pigment Change  
Skin rash

**Musculoskeletal**

Arthritis  
Back Pain  
Gout  
Joint Pain  
Muscle Cramps  
Muscle Weakness  
Neck Pain/Stiffness

**Ear/Nose/Throat**

Ear Infection  
Sinus Problem  
Sore Throat

**Genitourinary**

Back Pain  
Bedwetting  
Blood in Urine  
Dribbling  
Burning on Urination  
Erection Problems  
Flank Pain  
Hematuria  
Hesitancy  
Kidney Failure  
Kidney Infections  
Kidney Stones  
Leak after voiding  
Nocturia  
Nocturnal Enuresis  
Not Emptying  
Painful Ejaculation  
Stranguria

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Stones  
Suprapubic Pain  
Urgency  
Urinary Frequency  
Urinary Hesitancy  
Urinary Incontinence  
Urinary Tract Infections  
Urine retention  
Urologic Cancer  
Urologic Surgery

Vaginal Bleeding  
Vaginal Discharge/Problems  
Weak Stream  
  
**Respiratory**  
Asthma  
Emphysema-Bronchitis  
Environmental Allergies  
Frequent Cough

Pneumonia  
Shortness of breath  
Tuberculosis  
Wheezing  
  
**Hematological/Lymphatic**  
Swollen Glands  
Blood clotting problem  
Bleeding Problem  
Hepatitis

HIV (AIDS)  
Sickle Cell

**Psychologic**  
Anxiety  
Depressed  
Generally satisfied with life

Other: \_\_\_\_\_

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

**PAST MEDICAL HISTORY**

Please **CIRCLE** if you **have** or **have had** any of the following diseases or conditions:

**Cardiovascular**

Anemia  
Angina  
Anorexia  
Aortic Aneurysm  
Aortic Regurgitation  
Aortic Stenosis  
Arrhythmia  
Atrial Fibrillation  
Bleeding Disorder  
Cardiomyopathy  
Cerebrovascular Disease  
Claudication  
Congenital Heart Disease  
Congestive Heart Failure  
Coronary Artery Disease  
Deep Vein Thrombosis  
Endocarditis  
Enlarged Heart  
Heart Attack  
Heart Block  
Heart Disease  
Heart Murmur  
Heart Valve Problem  
Hemophilia  
Hypertension, well controlled  
Hypertension, progressive  
Hypertension, severe  
Leukemia  
Mitral Insufficiency  
Mitral Stenosis  
Mitral Valve Prolapse  
Rheumatic Fever  
Sickle Cell Anemia  
Stroke  
Thrombophlebitis  
Varicose Veins  
Ventricular Arrhythmia

**Endocrine/Metabolic**

Diabetes Mellitus, non-insulin dependent

Diabetes Mellitus, insulin dependent  
Diabetes Mellitus, uncontrolled  
Goiter  
Gout  
Hyperthyroidism  
Hypothyroidism  
Impaired Glucose Tolerance

**General**

Allergies  
Electrical Injury  
Exposure to Chemicals  
Hepatitis A  
Hepatitis B  
Hepatitis C  
Hypercholesterolemia  
Hyperlipidemia  
Infectious Disease  
Lipid Disorder  
Malaise  
Obesity  
Paget's Disease  
PCKD  
PCO  
Raynaud's Syndrome  
Sleep Apnea

**GI**

Cholecystitis  
Cholelithiasis  
Chronic Liver Disease  
Colitis  
Constipation  
Colon Condition  
Crohn's Disease  
Diarrhea  
Diverticulitis  
Diverticulosis  
GERD  
Hemorrhoids  
Hepatic Failure  
Hepatitis

Hiatal Hernia  
Inflammatory Bowel Disease  
Liver Disease  
Pancreatitis  
Peptic Ulcer (Duodenal)  
Rectal Fissure  
Stomach Ulcer  
Ulcerative Colitis

**GU**

AIDS  
Bladder Outlet Obstruction  
Bladder Stone  
Bladder Infection  
Chronic Renal Disease  
Chronic Renal Insufficiency  
Chronic Renal Failure  
Crossed Fused Ectopia  
Hematuria  
Impotence of Organic Origin  
Interstitial Cystitis  
Irradiation Therapy  
Kidney Cancer  
Kidney Disease  
Kidney Infection  
Kidney Stones  
Libido Decreased  
Nephrolithiasis  
Nephrotic Syndrome  
Neurogenic Bladder  
Orchitis  
Penile Discharge  
Polycystic Disease  
Polycystic Kidney Disease  
Prostate Cancer  
Radiation or Nuclear Exposure  
Recurrent UTI  
Renal Cell Cancer  
Renal Failure  
Renal Insufficiency

Testicular Cancer  
Transplant Recipient  
Transitional Cell CA Bladder  
Transitional Cell CA Ureter  
Undescended Testicle (Birth)  
Urinary Tract Infection  
Venereal Disease

**GYN/OB**

Breast Cancer  
Obstruction  
Endometriosis  
Menopause  
Menstrual Problems  
Osteoporosis  
Ovarian Cancer  
Uterine Fibroids

**HEENT**

Blindness  
Cataracts  
Deviated Septum  
Deafness  
Ear Infections  
Glaucoma  
Hay Fever  
Meniere's  
Mumps  
Sinusitis  
Tinnitus  
Vertigo

**Musculoskeletal**

Arthritis  
Back Pain  
Carpal Tunnel Syndrome  
Claudication  
Fibromyalgia  
Mortons Neuroma

**Neurological/Psychological**  
ADD

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ADHD  
Alcoholism  
Alzheimer's Disease  
Anxiety  
Bi-polar Disorder  
Chronic Fatigue Syndrome  
Depression  
Eating Disorder  
Epilepsy  
Herniated Disc  
Mental Illness  
Migraine  
Multiple Sclerosis  
Nervous Breakdown

Organic Brain Syndrome  
Parkinson's  
Polio  
Seizures  
Spinal Cord Injury  
Stroke  
Suicide Attempt

**Respiratory**  
Asthma  
Bronchitis  
Chronic Lung Disease  
COPD  
Emphysema  
Lung Disease

Pneumonia  
Pulmonary Embolism  
Tuberculosis  
**Tumors**  
Brain Cell Carcinoma  
Brain Tumor  
Breast Cancer  
Cervical Cancer  
Colon Cancer  
Fibrocystic Breast Disease  
Gastric Cancer  
Laryngeal Cancer  
Lung Cancer  
Lymphoma

Melanoma  
Ovarian Cancer  
Pancreatic Cancer  
Rectal Cancer  
Rectal Cancer  
Rectal Cell Cancer  
Sarcoidosis  
Testicular Cancer  
Transitional Cell CA  
Bladder  
Transitional Cell CA  
Ureter  
Uterine CA

Other: .....

**SURGICAL HISTORY**

Please **CIRCLE** if you **have had** any of the following surgeries and date of surgery:

**Cardiovascular**

Angioplasty  
Aortic Aneurysm Repair  
CABG  
Carotid Artery Surgery  
Heart Surgery  
Heart Surgery (Stents)  
Heart Transplant  
Pacemaker Insertion  
Vein Stripping

Laparoscopy  
Liver Surgery  
Liver Transplant  
Lumpectomy of Breast  
Lysis Adhesions  
Nissen Fundoplication  
Splenectomy  
Stomach Surgery  
Umbilical Hernia  
Ventral Hernia Repair

Laser Lithotripsy  
Meatotomy  
Needle Biopsy Prostate  
Nephrectomy  
Nephrolithotomy  
Orchiectomy  
Orchiopexy  
Penile Implant  
Penectomy  
Penile Surgery  
Pyeloplasty  
Radical Prostatectomy  
Renal Transplant  
Spermatocectomy  
TUMT Prostate  
TUNA Prostate  
TURBT  
TUR Prostate  
Ureteroscopy  
Variocelectomy  
Vasectomy  
VLAP

PE Tubes  
Septoplasty  
Sinus Surgery  
Tonsil Surgery  
Thyroid Surgery  
TMJ Surgery

**General**

Brain Surgery  
Laminectomy  
Lymphatic Node  
Dissection  
Parathyroidectomy  
Pilonidal Cyst Incision  
Skin Grafting

**GU**

Bladder Surgery  
Biopsy Prostate  
Brachytherapy  
Circumcision  
Contigen  
Cystoscopy  
Cystoscopy-Dilation  
Cystoscopy-Retrograde  
Cystoscopy-Stent  
Cysto-TUR Fulguration  
Durasphere  
Epididymectomy  
ESWL  
Herniorrhaphy  
Hydrocelectomy  
Ileal conduit  
Indigo Laser Surgery  
Inguinal Herniorrhaphy  
Interstim  
Kidney Stone

**HEENT**

Cataract Surgery  
Corneal Surgery  
Ear Surgery  
Eye Surgery  
Facial Surgery  
Mastoid Surgery  
Nasal Surgery  
PEG

**Musculoskeletal**

Amputation  
Arthroscopic Knee Surgery  
Back Surgery  
Carpal Tunnel Surgery  
Cervical Spine Surgery  
Disc Surgery  
Foot Surgery  
Hand Surgery  
Hip Surgery  
Knee Surgery  
Leg Surgery  
Rotator Cuff Surgery  
Shoulder Surgery

**Respiratory**

Lung Surgery

**Skin**

Basal Cell Carcinoma  
Melanoma  
Squamous Cell Carcinoma

Other: .....

**FAMILY HISTORY**

Please **CIRCLE** and indicate which family member has/had any of the following:

(Mother, Father, Siblings, Grandmother, Grandfather, Uncle , Aunt)

Arthritis \_\_\_\_\_  
Bedwetting \_\_\_\_\_  
Bladder Cancer \_\_\_\_\_  
Cancer (site unknown) \_\_\_\_\_  
Crohn's Disease \_\_\_\_\_  
Depression \_\_\_\_\_

Leukemia \_\_\_\_\_  
Malignant Melanoma \_\_\_\_\_  
Multiple Sclerosis \_\_\_\_\_  
Laryngeal Cancer \_\_\_\_\_  
Pancreatic Cancer \_\_\_\_\_  
Prostate Cancer \_\_\_\_\_

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Diabetes \_\_\_\_\_  
Gout \_\_\_\_\_  
Heart Attack \_\_\_\_\_  
Hypertension \_\_\_\_\_  
Kidney Cancer \_\_\_\_\_  
Kidney Disease \_\_\_\_\_

Stroke \_\_\_\_\_  
Thyroid Disease \_\_\_\_\_  
Tuberculosis \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_