Patient Name_____ Date_____

PAST MEDICAL HISTORY

Please check all that apply

	Onset date MM/YY		Onset date MM/YY
___ Abdominal Aortic Aneurysm	_____	___ DVT (blood clot in legs)	_____
___ Alcohol Withdrawal	_____	___ Dyspareunia (painful intercourse)	_____
___ Anemia	_____	___ Elevated Blood Pressure	_____
___ Angina Pectoris (chest pain)	_____	___ Elevated Prostate Specific Antigen	_____
___ Aortic Valve Disease	_____	___ Emphysema	_____
___ Aortic valve replacement	_____	___ Fibromyalgia	_____
___ Appendicitis	_____	___ Frequent UTIs	_____
___ Asthma	_____	___ Gastro Esophageal Reflux-GERD	_____
___ Backache	_____	___ Glaucoma	_____
___ Bladder Cancer	_____	___ Head Injury	_____
___ BPH (enlarged prostate)	_____	___ Heart Disease	_____
___ Breast Neoplasm, Malignant	_____	___ Heart Failure	_____
___ Bronchitis	_____	___ Hematuria (blood in urine)	_____
___ Cardiac Dysrhythmia(irregular heartbeat)	_____	___ Hepatitis	_____
___ Carotid Stenosis	_____	___ HIV/AIDS	_____
___ Cataracts	_____	___ Hormone Replacement Therapy	_____
___ Cervical Cancer	_____	___ Incontinence(leakage)	_____
___ Cesarean Delivery	_____	___ Infection of Kidney	_____
___ Cholelithiasis (gall stones)	_____	___ Kidney Stones	_____
___ Chronic Prostatitis	_____	___ Kidney X-ray (IVP)	_____
___ Chronic Renal Failure	_____	___ Mitral Valve Repair	_____
___ Coagulation Defect (bruise easily)	_____	___ Multiple Sclerosis	_____
___ Colitis, Ulcerative	_____	___ Myocardial Infraction (heart attack)	_____
___ Colon Cancer	_____	___ Neuropathy	_____
___ Congestive Heart Failure	_____	___ Nocturnal Enuresis	_____
___ COPD	_____	___ Parkinson's Disease	_____
___ Crohn's Disease	_____	___ Peripheral Vascular Disease	_____
___ CVA (stroke)	_____	___ Prostate Cancer	_____
___ Cystitis (bladder infections)	_____	___ Senile Dementia	_____
___ Cystocele	_____	___ Sleep Apnea	_____
___ Cystoscopy	_____	___ Testicular Cancer	_____
___ Diabetes Mellitus, Type I IDDM (insulin dependent)	_____	___ Urethral Stricture	_____
		___ Other	_____
___ Diabetes Mellitus, Type II	_____	___ Other	_____