

Robert D. Marx, M.D.

Name: _____

Date: _____

Chief Complaint: _____

History of Present Illness: _____

Review of Systems: _____

Urologic Review:

Check for yes on the following.

Bladder/Prostate:

- Dysuria(burning)
- Frequency(going often)
- Urge Incontinence(getting the urge to go and must go right then, or you'll wet yourself)
- Stress Incontinence(losing water when you cough or sneeze)
- Dribbling
- Nocturia(going to the bathroom any number of times while trying to sleep)
- Hesitancy
- Straining to void
- Inability to void
- Abdominal pain with voiding
- Hematuria**
 - Bloody Ejaculate
 - Bloody Discharge
 - Blood in Urine
 - Beginning of Stream
 - End of Stream
 - Continuously Throughout
 - Was it painful when blood was present?
 - Was it painless when blood was present?
- Discharge**
 - Urethral
 - Vaginal
 - Foreskin
- Itching**
 - Urethral
 - Vaginal
 - Genitals or Adjacent Skin
- Male:**
 - Impotence
 - Premature Ejaculation
 - Inability to Maintain Erection
 - Abnormal Curvature of Penis with Erection
 - Bumps on Penis
 - Lesion on Penis
- Testicle:**
 - Pain
 - Swelling
 - Redness

Renal & Ureteral Stones

- Passage of Stone(s)
 - Number of Times _____
- Flank Pain
- Nausea
- Pain:**
 - Scrotal
 - Testicular
 - Bladder
 - Urethral
 - Vaginal
 - Perineal
 - Abdominal
 - Low Back
 - Mid Back
 - Upper Back
 - Flank Pain
 - During Ejaculation
 - Prostate

Medication Side Effects

- Nausea
- Skin Lesions
- Rash
- Wheals
- Arthritic Pain
- Joint Pain & Swelling
- Insomnia
- Sunburn
- Mouth Ulcers
- Vaginal Discharge or Itching

Have you had any of these symptoms?

- Fever
- Chill
- Nausea
- Vomiting
- Weight Loss
- Weight Gain