

Robert D. Marx, M.D.

Name: _____ Date: _____

Chief Complaint: _____

History of Present Illness: _____

Urologic Review (please circle any of the following symptoms that you've had **today**):

Bladder and/or Prostate:

- Urine infections or UTIs
- Dysuria (burning)
- Frequency (going often)
- Urge Incontinence (getting the urge to go and must go right then, or you'll wet yourself)
- Stress Incontinence (urinating 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

Discharge:

- Urethral
- Vaginal
- Foreskin

Itching:

- Urethral
- Vaginal
- Foreskin
- Hematuria:**
- Bloody ejaculate
- Bloody discharge
- Blood in urine
- Beginning of stream
- End of stream
- Continuous throughout
- Painful when blood was present
- Not painful when blood was present

Renal & Ureteral Stones:

- Passage of stone(s)
- ___ Number of times
- Flank Pain
- Nausea

Male:

- Impotence
- Premature ejaculation
- Inability to maintain erection
- Abnormal curvature of penis with erection
- Bumps on penis
- Lesions on penis
- Testicle:
- Pain
- Swelling
- Redness
- Pain:**
- Scrotal
- Testicular
- Bladder
- Urethral
- Vaginal

- Perineal pain
- Abdominal
- Low back
- Mid back
- Upper back
- Flank pain
- During ejaculation
- Prostate
- Medication side effects:**
- Nausea
- Skin lesions
- Rash
- Whelps
- Arthritic pain
- Joint pain or swelling
- Insomnia
- Sunburn
- Mouth ulcers
- Vaginal discharge or itching

Medical History (please circle any of the following that you've had in the past):

- | | | | |
|---------------------------|------------------------------|-----------------------------------|--------------------------------|
| Anesthetic complications | Frequent infections | Hypertension | Rheumatic fever |
| Arthritis/Rheumatism | Gall bladder trouble | Illicit/Recreational Drugs | Seasonal allergies |
| ART Treatment | Gout | Indigestion or heartburn | Swollen/menstrual dysfunction |
| Autoimmune disorder | Heart Disease | Infertility | Thyroid dysfunction |
| Back pain (recurrent) | -heart trouble | Loss of appetite | Thyroid or parathyroid disease |
| Breast problems | -heart attack | Nausea | Tuberculosis |
| Chills | -heart murmur | Neurologic/Epilepsy | Tumor or growth |
| Colon problems | -chest pain | Nervous condition | Ulcers |
| -bloody or tarry stools | Hepatitis/Liver Disease | Osteoporosis | Uterine anomaly/DES |
| -change in bowel habits | Hernia | Pain/bleeding during or after sex | Varicosities/Phlebitis |
| -chronic abdominal pain | History of abnormal PAP | Peptic ulcer | Venereal disease |
| -diarrhea or constipation | History of blood transfusion | Persistent nausea/vomiting | Vomiting |
| Diabetes | History of cancer | Pneumonia | Weight loss |
| D(Rh) Sensitized | Radiation treatment | Psychiatric | Weight gain |
| Depression/Postpartum | History of strokes | Pulmonary condition | Other conditions worth noting: |
| Epilepsy/seizures | ___ (number) | -asthma or breathing problems | _____ |
| Fever | | -bronchitis/chronic cough | _____ |

Please list any surgeries you've had since seeing Dr. Marx: _____

Please list any changes in your family history: _____