

UROLOGY ASSOCIATES LTD

6525 FRANCE AVE S, STE 200 EDINA, MN 55435 . PHONE: 952-927-6501. FAX: 952-922-1623

Do you Currently have any problems related to the following? Check applicable box if Yes.

| Constitutional Symptoms | No | Yes | Gastrointestinal | No | Yes | Neurological | No | Yes |
|--------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|
| Fever | <input type="checkbox"/> | <input type="checkbox"/> | Abdominal Pain | <input type="checkbox"/> | <input type="checkbox"/> | Tremors | <input type="checkbox"/> | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> | <input type="checkbox"/> | Nausea/Vomiting | <input type="checkbox"/> | <input type="checkbox"/> | Dizzy Spells | <input type="checkbox"/> | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> | <input type="checkbox"/> | Indigestion/Heartburn | <input type="checkbox"/> | <input type="checkbox"/> | Memory Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Weight Loss | <input type="checkbox"/> | <input type="checkbox"/> | Loss of Appetite | <input type="checkbox"/> | <input type="checkbox"/> | Seizures | <input type="checkbox"/> | <input type="checkbox"/> |

| Eyes | No | Yes | Endocrine | No | Yes | Psychiatric | No | Yes |
|----------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|
| Blurred Vision | <input type="checkbox"/> | <input type="checkbox"/> | Excessive Thirst | <input type="checkbox"/> | <input type="checkbox"/> | Depression | <input type="checkbox"/> | <input type="checkbox"/> |
| Double Vision | <input type="checkbox"/> | <input type="checkbox"/> | Hot/Cold Intolerance | <input type="checkbox"/> | <input type="checkbox"/> | Anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| Glaucoma | <input type="checkbox"/> | <input type="checkbox"/> | Hot Flashes | <input type="checkbox"/> | <input type="checkbox"/> | Irritable | <input type="checkbox"/> | <input type="checkbox"/> |

| Ear/Nose/Throat/Mouth | No | Yes | Integumentary | No | Yes | Genitourinary | No | Yes |
|------------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|
| Ear Infection | <input type="checkbox"/> | <input type="checkbox"/> | Skin Rash | <input type="checkbox"/> | <input type="checkbox"/> | Incontinence | <input type="checkbox"/> | <input type="checkbox"/> |
| Sore Throat | <input type="checkbox"/> | <input type="checkbox"/> | Boils | <input type="checkbox"/> | <input type="checkbox"/> | Painful Urination | <input type="checkbox"/> | <input type="checkbox"/> |
| Sinus Problems | <input type="checkbox"/> | <input type="checkbox"/> | Persistent Itch | <input type="checkbox"/> | <input type="checkbox"/> | Frequent Urination | <input type="checkbox"/> | <input type="checkbox"/> |

| Cardiovascular | No | Yes | Hematologic/Lymphatic | No | Yes | Reproductive (Male) | No | Yes |
|-----------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Chest Pain | <input type="checkbox"/> | <input type="checkbox"/> | Abnormal Bruising | <input type="checkbox"/> | <input type="checkbox"/> | Erection Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Varicose Veins | <input type="checkbox"/> | <input type="checkbox"/> | Enlarged Lymph Nodes | <input type="checkbox"/> | <input type="checkbox"/> | Ejaculation Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Palpitations/High BP | <input type="checkbox"/> | <input type="checkbox"/> | Anemia | <input type="checkbox"/> | <input type="checkbox"/> | Infertility | <input type="checkbox"/> | <input type="checkbox"/> |

| Respiratory | No | Yes | Musculoskeletal | No | Yes |
|---------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|
| Wheezing | <input type="checkbox"/> | <input type="checkbox"/> | Joint Pain | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequent Cough | <input type="checkbox"/> | <input type="checkbox"/> | Neck/Back Pain | <input type="checkbox"/> | <input type="checkbox"/> |
| Shortness of Breath | <input type="checkbox"/> | <input type="checkbox"/> | Bone Pain | <input type="checkbox"/> | <input type="checkbox"/> |

Notes / Other

Known allergies?

None Known

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Penicillin (eg. Pen VK, Amoxicillin, Augmentin) | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Sulfa (eg. Septra, Bactrim) | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Cephalosporins (eg. Keflex, Duricef, Ceftin, Ceclor) | <input type="checkbox"/> Shell Fish |
| <input type="checkbox"/> Macrobid (Nitrofurantoin) | <input type="checkbox"/> Iodine |
| <input type="checkbox"/> Cipro | <input type="checkbox"/> Demerol |
| <input type="checkbox"/> Levaquin | <input type="checkbox"/> Morphine |
| <input type="checkbox"/> Tetracycline | <input type="checkbox"/> Codeine |

Any Others?