Gainesville Urology

1240 Jesse Jewell Parkway, Suite 200
Gainesville, Georgia 30501
Phone: 770-532-8438 Fax: 770-535-1785

MRN: _____

PLEASE PRINT PLEASE COMPLETE ALL SECTIONS. Today's Date: _____/_____/_____

Patient Name: _____ **Date of Birth: _____/_____/_____**

Who referred you to this office? _____ Medical Doctor/PCP: _____

Why are you seeing the physician today: _____

When did your problem first start: _____

Which doctor are you here to see today? (please circle)

Lawrence Lykins, M.D. Thomas Fassuliotis, M.D. David Woo, M.D.

Ryan Fogg, M.D. James Lovett, P.A.

Pharmacy Name: _____ Phone Number: (___) ____-_____

My Main Problems are:

- ☐ Bladder Cancer
- ☐ Bladder Infection
- ☐ Blood in Urine
- ☐ Elevated PSA
- ☐ Enlarged Prostate
- ☐ Erectile Dysfunction
- ☐ Infertility
- ☐ Kidney Cancer
- ☐ Kidney Stones
- ☐ Leak Urine
- ☐ Lump in Testicle
- ☐ Overactive Bladder
- ☐ Prostate Cancer
- ☐ Prostate Infection
- ☐ Urethral Stricture
- ☐ **NONE APPLY**
- ☐ Other _____

Allergies: *(please list all allergies)* _____

_____

_____

Medications: *(please list all current medications)*

- ☐ Advair
- ☐ Albuterol
- ☐ Ambien
- ☐ Aspirin
- ☐ Avodart
- ☐ Celexa
- ☐ Cialis/Viagra
- ☐ Coumadin
- ☐ Enalapril
- ☐ Flomax
- ☐ Goodies/BC
- ☐ Hydrochlorothiazide
- ☐ Ibuprofen
- ☐ Insulin
- ☐ Lasix/Furosemide
- ☐ Levothyroxine
- ☐ Lipitor
- ☐ Metformin
- ☐ Metoprolol
- ☐ Motrin
- ☐ Nexium
- ☐ Nitrates
- ☐ Pantoprazole
- ☐ Plavix
- ☐ Prilosec
- ☐ Propranolol
- ☐ Protonix
- ☐ Rapaflo
- ☐ Simvastatin
- ☐ Spiriva
- ☐ Tamsulosin
- ☐ Tricor
- ☐ Tylenol/ Acetaminophen
- ☐ Warfarin
- ☐ Zantac

Other: _____

☐ **NONE APPLY**

Surgical History

- ☐ Appendectomy
- ☐ Back/Hip/Knee
- ☐ Bladder Tack
- ☐ C-Section
- ☐ Cystoscopy
- ☐ Gallbladder
- ☐ Gastric Reflux
- ☐ Gastric Stapling
- ☐ Heart Bypass
- ☐ Hysterectomy
- ☐ Kidney Stone
- ☐ Lithotripsy
- ☐ Prostate Biopsy
- ☐ Prostate Seed
- ☐ Prostate Surgery
- ☐ Sling
- ☐ Vaginal Deliveries #_____
- ☐ Other _____
- ☐ **NONE APPLY**

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Medical History ☐ Diabetes ☐ Emphysema ☐ Heart Attack ☐ Heart Murmur
☐ Hepatitis ☐ Hypertension ☐ Last Period _____ ☐ Menopause
☐ Parkinson's ☐ Pregnant # _____ ☐ Strokes
Cancer: ☐ Bladder ☐ Breast ☐ Prostate ☐ Testis ☐ Other _____
☐ Other Medical Conditions _____ ☐ **NONE APPLY**

Family History ☐ Diabetes ☐ Heart Disease ☐ Hypertension
☐ Kidney Cancer ☐ Kidney Stones ☐ Prostate Cancer ☐ **NONE APPLY**

Social History (Circle One)
Marital Status: *Single Married Divorced Widowed* Smoke: *Yes Not Anymore Never*
Drink Alcohol: *Yes Not Anymore Never Socially* Daily Caffeine Intake: *0 1 2 3 4+*
Blood Transfusion: *YES NO*

My Symptom(s) are:

General/Constitutional	☐ Fever	☐ Weight Loss	☐ Chills
Eyes	☐ Blurry Vision	☐ Double Vision	☐ Cataracts
Ears, Nose, Mouth, Throat	☐ Hearing Loss	☐ Nasal Stuffiness	☐ Sore Throat
Cardiovascular	☐ Chest Pains	☐ Swollen Ankles	☐ Irregular Heartbeat
Respiratory	☐ Shortness of Breath	☐ Wheezing	☐ Chronic Cough
Gastrointestinal	☐ Abdominal Pain	☐ Nausea/Vomiting	☐ Change In bowels
Genitourinary	☐ Incontinence	☐ Painful Urination	☐ Blood in Urine
Musculoskeletal	☐ Chronic Back Pain	☐ Chronic Neck Pain	☐ Sore Muscles
Integumentary/Skin	☐ Rash	☐ Persistant Itching	☐ Skin Cancer History
Neurologic	☐ Numbness	☐ Tingling	☐ Dizziness
Hematologic/Lymphatic	☐ Swollen Glands	☐ Abnormal Bleeding	☐ Transfusion History

Urinary Symptom(s) are: ☐ Incomplete Emptying ☐ Frequency ☐ Intermittency ☐ Weak Stream
☐ Straining ☐ Testicle Pain ☐ Pain in Side R / L ☐ Urinating at Night # _____ ☐ Blood in Urine

Vitals Height: _____/_____ BP: _____/_____ Pulse: _____
Weight: _____ Temp: _____

Physician Notes: