MEDICAL HISTORY FORM

THE WEEKEND VASECTOMY CLINIC

Today's Date: _____

Personal Information

Name (First, Initial, Last) _____

Status ( ) Married ( ) Single ( ) Divorced ( ) Separated ( ) Other

Do you have any children? (Please list gender & age) _____

_____

Medications (Name, Dose) _____

_____

_____

Allergies to medications (No, Yes - list) _____

Surgeries (Type of surgery and when) _____

_____

Medical History (List all hospitalizations and/or chronic medical conditions for which you've seen a doctor) _____

_____

_____

These are questions about your general health. Please check all boxes that apply now or in the past. If not currently experiencing, write "PAST" next to the problem. This sheet is confidential and private between you and your doctor.

Habits					
[ ]	Smoke cigarettes	**Cardiovascular**		**Genitourinary**	
[ ]	More than 2 alcoholic drinks daily	[ ]	Wake up at night short of breath	[ ]	Kidney stones
[ ]	Weight gain/loss >15 lbs in past year	[ ]	High cholesterol	[ ]	Burning with urination
[ ]	Used recreational drugs past 5 years	[ ]	Rheumatic fever	[ ]	Urinary frequency/urgency
[ ]	Don't exercise regularly	[ ]	Heart attack	[ ]	Blood in urine
Blood & Lymphatic		[ ]	Chest pressure, pain or tightness	[ ]	Difficulty starting to urinate
[ ]	Frequent infections	**Gastrointestinal**		[ ]	Infertility
[ ]	Have you had a blood transfusion	[ ]	Loss of appetite	[ ]	Urine incontinence/leaking
[ ]	Have anemia	[ ]	Difficulty swallowing	**Male**	
[ ]	Lumps in neck, armpits or groin	[ ]	Acid reflux	[ ]	Impotence/ejaculatory problems
Skin, Nails & Hair		[ ]	Heartburn or indigestion	[ ]	Scrotal/testicle mass or enlargement
[ ]	Hair loss	[ ]	Food intolerance	[ ]	Hernia
[ ]	Nail change	[ ]	Nausea or vomiting	[ ]	Prostate problems
[ ]	Excessive itching	[ ]	Ulcers	[ ]	Weak urine stream
[ ]	Dry skin	[ ]	Abdominal pain	[ ]	Penile lesion/discharge/STDs
[ ]	Rash	[ ]	Hepatitis/liver disease/jaundice	**Sexuality**	
Lungs				[ ]	Want to discuss sexual concerns
[ ]	Get excessively sleepy while driving			[ ]	Worried about past sexuality/HIV
[ ]	Early morning headaches				
[ ]	Blood clots				
[ ]	Asthma				