



Dan Hibbert Urology, PC

Name: _____ DOB: _____ Date: _____

Family History: Have any of the patient’s blood relatives suffered from any of the following conditions?

Please note which family member:

Alcoholism		Heart Disease	
Cancer (Indicate Type)		High Cholesterol	
Colon Cancer		High Blood Pressure	
Depression		Prostate cancer	
Diabetes		Stroke	
Heart Attack		Thyroid Disorder	
Other:			

Please mark if you have a history of or are you currently experiencing any of the following:

- Abnormal PSA
- Back Pain
- Bed Wetting
- Blood in Urine
- Burning w/ Urination
- Curved Penis
- Difficulty Urinating
- Dribbling
- Dysuria (Painful Urination)
- Erection Problems
- Flank Pain
- Hesitancy w/Urination
- Incontinence
- Infertility
- Intermittency
- Kidney Failure
- Kidney Infections
- Kidney Stones
- Leak After Urination
- Nocturia
- Nocturnal Enuresis
- Slow Start
- STD
- Urgency
- Urinary Frequency
- UTI’s
- Weak Stream

Any Other Health Issues past or present:

Constitutional:

- Change in appetite
- Chills
- Fever
- Headaches
- Muscle Weakness
- Night Sweats
- Weight Gain
- Weight Loss

Endocrine:

- Excessive Thirst
- Fatigue

Cardiovascular:

- Chest Pain
- Shortness of Breath
- Swelling

Ear/Nose/Throat/Mouth:

- Hearing Loss
- Hearing Problem
- Nose Bleeds
- Sinus Problems

Gastrointestinal:

- Abdominal Pain
- Acid Reflux
- Blood in Stool
- Constipation
- Diarrhea
- Hemorrhoids
- Indigestion/Heartburn
- Jaundice
- Nausea/ Vomiting
- Painful Swallowing
- Trouble Swallowing

Integumentary:

- Persistent Itching
- Skin Rash

Respiratory:

- Frequent Cough

Eyes:

- Sensory Changes

Musculoskeletal:

- Back pain
- Bone Pain
- Gout
- Joint Pain
- Leg Swelling
- Muscle Pain
- Neck Pain

Hematologic/Lymphatic:

- Bleeding Problems
- Blood Transfusions
- Blood Clotting

Neurological:

- Dizziness
- Numbness