

Northeast Georgia Urological Associates		Clinical Information			
Patient name:		DOB:	Height:	Weight:	Sex:
Pharmacy Name:		Pharmacy location:			
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What is the main urology problem we are treating:					
Please circle other urology problems:					
Bladder cancer	Bladder infection	Bladder leaking	Decreased stream		
Burning with voiding	Void at night	Blood in urine			
Kidney stones	Kidney cancer	Cyst on my kidney	Kidney failure		
Urinary tract infections	Abnormal test/xray	Had chemotherapy	Had radiation		

Female	Abnormal female exam	Cancer of uterus/cervix ovaries	Change in sexual desire
	Vaginal discharge	Feels like something is coming out	
	Pain with sexual activity	Vaginal dryness	

Other			
Male	Abnormal prostate exam	Abnormal PSA	Prior prostate cancer
	Prostate infection	Erectile dysfunction	Change in sexual desire
	Testicle problems		
Other			

Please circle any allergies:	None	Xray dye	Latex	Tape
	betadine	Cipro	Penicillin	loratab
Other				

Please circle any of the medications your are currently taking:				
Estrace cream	macrodantin	Cipro	Septra/bactrim	Vesicare
Detrol	Enablex	Oxybulynin	Myrbelrig	Rapaflo
Flomax	Hytrin	Proscar	Avodart	Jalyn
Cialis	Viagra	Levitra	Staxyn	MUSE
Testosterone injections	Testosterone cream	Uribell	Pyridium	Phenergan
Zofran	Lortab	Percocet	Ultram	Toradol
Aspirin	Coumadin	Plavix		
Other medications				

