



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

MRN: \_\_\_\_\_

**Medical History**

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

**Family History**

- Diabetes
- Kidney Cancer
- Heart Disease
- Kidney Stones
- Hypertension
- Prostate Cancer
- NONE APPLY

**Social History (Circle One)**

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

**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  Persistent Itching  Skin Cancer History
- Neurologic  Numbness  Tingling  Dizziness
- Hematologic/Lymphatic  Swollen Glands  Abdominal Bleeding  Transfusion History

**Urinary Symptom(s) are:**

- Straining
- Testicle Pain
- Pain in Side R/L
- Urinating at Night # \_\_\_\_\_
- Blood in Urine
- Incomplete Emptying
- Frequency
- Intermittency
- Weak Stream

Physician Notes:



1240 Jesse Jewell Parkway, S.E., 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)

Craig Brock, MD

David Woo, MD

Ryan N. Fogg, MD

Benjamin Woodson, MD

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, NONE APPLY, Enalapril, Flomax, Goodies/BC, Hydrochlorothiazide, Ibuprofen, Insulin, Lasix/Furosemide, Other, Levothyroxine, Lipitor, Metformin, Metoprolol, Motrin, Nexium, Nitrates, Pantoprazole, Plavix, Prilosec, Propanolol, Protonix, Rapaflo, Simvastatin, Spiriva, Tamsulosin, Tricor, Tylenol/Acetaminophen, Warfarin, Zantac

Surgical History:

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