SOUTH LAKE HOSPITAL
In partnership with ORLANDO HEALTH

The pur Clinic
PERSONALIZED UROLOGY & ROBOTICS

Date: _____

Name: _____
(Last) (First) (Middle)

1. Who referred you to seek care today? _____
2. Reason for consultation? _____
3. When did this problem first begin? _____
4. What are your current and past medical problems?

1.	4.	7.
2.	5.	8.
3.	6.	9.

5. Have you ever had surgery before?

Type of Procedure	Date of Procedure	Why Performed?
1.		
2.		
3.		
4.		
5.		

6. What are your medications, doses, and how often taken?

1.	4.	7.
2.	5.	8.
3.	6.	9.

7. What medications are you allergic to? _____
8. What is your present/most recent occupation/job? _____
9. Do you currently smoke? **Y/N** If yes, how much? _____
   Did you previously smoke? **Y/N** If yes, when did you quit? _____
   Do you drink alcohol? **Y/N** If yes, how much? _____
   Do you use drugs? **Y/N** If yes, which ones? _____
10. What type of diseases run in your family? _____
    Is there a previous family history of prostate cancer (men only)? **Y/N** _____
    Bladder or kidney cancer? **Y/N** _____
    Kidney Stones? **Y/N** Other? _____