



**Urologic Associates
of Iowa City**

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PATIENT HEALTH HISTORY

PATIENT'S NAME:

Reason for this appointment:

List any medications you are taking now	Strength (milligrams)	How often do you take this?

List any surgeries or hospitalizations you have had	Approximate date	Physician's name

List any allergies you have	What type of reaction did you have?

PERSONAL HISTORY

If you smoke, how many years have you done so?	
How many packs/day average during that time?	
If have, at what age did you quit?	
If you drink alcohol, how many drinks per week?	
How many cans of soda do you drink per day?	
How many cups of caffeinated coffee per day?	
Females: Date of last menstrual period?	
Are your periods regular?	
Number of pregnancies?	
Number of births?	
Any complications to you with delivery?	

REVIEW OF SYSTEMS (check all that apply)

• **General**

- Decreased energy
- Decreased appetite
- Unintentional weight loss

• **Gastrointestinal**

- (stomach/colon)**
- Constipation
 - Diarrhea
 - Blood in stools

• **Ophthalmologic**

- (eyes)**
- Glaucoma
 - Cataracts

• **Endocrine**

- Diabetes
- Thyroid disease
- Other hormone problems

• **Heart**

- Chest pain
- Shortness of breath
- Ankle swelling

• **Hepatic**

- (liver)**
- Jaundice
 - History of hepatitis

• **Ears, Nose, Throat**

- Chronic sore throat
- Sinus infections
- Ear aches

• **Musculoskeletal**

- Arthritis
- Bone pain
- Muscle aches

• **Pulmonary**

(lungs)

- Shortness of breath
- Productive cough

• **Skin**

- Chronic sores
- Rashes

• **Hematologic**

(blood)

- Bleeding disorders
- Anemia

• **Neurologic**

- Local numbness
- Weakness
- Tingling
- Trouble speaking
- Sudden vision loss

PAST MEDICAL HISTORY

Problem	Patient	Family Member	Please Explain
High Blood Pressure			
Heart problems			
Headaches			
Respiratory or lung problems			
Thyroid Disease			
Jaundice/Hepatitis			
Bleeding tendencies			
Bowel / GI problems			
Kidney Problems			
Anemia / Blood disorders			
Diabetes			
Cancer			
Neurological problems			
Eye problems			
Glaucoma			

Please bring or have your physician send any lab test results, urinalyses, urine cultures or pertinent X-rays to our office. Thank you for your assistance.