U S M
UROLOGY SPECIALISTS
OF MILFORD, LLC
Jeffrey Steinberg, M.D.

NEW PATIENT INTAKE AND HISTORY FORM

Date: _____
Name: _____ **Date of Birth:** _____

Reason for Today's Visit: _____
_____

PROBLEM LIST/PAST MEDICAL HISTORY:

Have you been diagnosed with any of the following (currently or in the past)?

___ Anemia	___ Cataract	___ GERD	___ High Blood Pressure	___ Skin Disorder
___ Arthritis	___ COPD	___ Glaucoma	___ High Cholesterol	___ STD
___ Asthma	___ Depression	___ Gout	___ Hypothyroidism	___ Stroke
___ Bleeding Disorder	___ Diabetes	___ Headache	___ Kidney Disease	___ TB
___ Blood in Stool	___ Digestive Problems	___ Hearing Loss	___ Lung Disorder	
___ BPH	___ Dizzy Spells	___ Heart Attack	___ Memory Loss	
___ Cancer	___ Eczema	___ Hemorrhoids	___ Mitral Incompetence	
___ Cardiovascular Dis.	___ Erectile Dysfunction	___ Hepatitis	___ Seizures	

___ Other: _____

FAMILY HISTORY:

Place an "X" under the correct family member with the condition, and indicate if the family member passed away due to that condition.

	Father	Mother	Sibling
Prostate Cancer	_____	_____	_____
Bladder Cancer	_____	_____	_____
Colon Cancer	_____	_____	_____
Gynecological Cancer	_____	_____	_____
Kidney Cancer	_____	_____	_____
Testicular Cancer	_____	_____	_____
Bleeding Disorder	_____	_____	_____
Coronary Artery Disease	_____	_____	_____
Diabetes	_____	_____	_____
Gout	_____	_____	_____
High Blood Pressure	_____	_____	_____
Kidney Stone	_____	_____	_____
Respiratory Problems	_____	_____	_____
Seizures Disorders	_____	_____	_____
Stroke	_____	_____	_____
Other:_____	_____	_____	_____

ALLERGY HISTORY:

☐ **No Known Allergies** ☐ **NKDA (No Known Drug Allergies)**

___ Acetaminophen	___ Epinephrine	___ Latex	___ Penicillin
___ Aspirin	___ Erythromycin	___ Lidocaine	___ Sulfur
___ Codeine	___ Ibuprofen	___ Metal	___ Tetracycline

Other: _____

PLEASE COMPLETE PAGE 2 ON REVERSE SIDE

SOCIAL HISTORY:

Marital Status: □ Single □ Married □ Separated □ Divorced □ Widowed

Most recent primary occupation: □None □_____

Please describe your current tobacco use? □ Smoker, current status unknown □ Current every day smoker
□ Current some day smoker □ Former smoker □ Never smoker □ Unknown if ever smoked

Do you drink caffeinated beverages? □Yes □No
If yes, please indicate what type of beverage and how many servings per day: _____

Do you drink alcoholic beverages? □Yes □ No
If yes, please indicate what type of beverage and how many servings per day: _____

Have you ever used any illicit drugs? □Yes □No
If yes, please indicate what type of drug and how often: _____

REVIEW OF SYSTEMS:

Please place a check mark in the box next to any of the following symptoms or problems if you have experienced them recently or have concerns about them. If you don't understand something place a question mark "?" by it.

General: □**Normal**
- ❑ Fever
- ❑ Chills
- ❑ Night Sweats
- ❑ Dietary Changes
- ❑ Weight Change

Skin: □**Normal**
- ❑ Acne
- ❑ Bruising
- ❑ Dryness
- ❑ Excessive Sweating
- ❑ Hair Loss
- ❑ Itching
- ❑ New Lesions
- ❑ Rash
- ❑ Skin Color Changes

HEENT: □**Normal**
- ❑ Blurred Vision
- ❑ Eye Redness
- ❑ Headache
- ❑ Hearing Loss
- ❑ Seasonal Allergies

Neck: □**Normal**
- ❑ Neck Mass
- ❑ Swollen Glands

Respiratory: □**Normal**
- ❑ Cough
- ❑ Difficulty Breathing
- ❑ Wheezing

Breast: □**Normal**
- ❑ Breast Mass
- ❑ Breast Pain
- ❑ Breast Swelling
- ❑ Skin Changes

Cardiovascular: □**Normal**
- ❑ Heart Stent
- ❑ High Blood Pressure
- ❑ Leg Pain

Gastrointestinal: □**Normal**
- ❑ Constipation
- ❑ Diarrhea
- ❑ Nausea
- ❑ Vomiting

Genitourinary: □**Normal**
- ❑ Blood in Urine
- ❑ Frequency
- ❑ Incontinence
- ❑ Painful Urination

Musculoskeletal: □**Normal**
- ❑ Joint Pain
- ❑ Joint Swelling
- ❑ Swelling of Extremities

Neurological: □**Normal**
- ❑ Dizziness
- ❑ Fainting
- ❑ Loss of Consciousness
- ❑ Numbness
- ❑ Seizures
- ❑ Tingling

Psychiatric: □**Normal**
- ❑ Anxiety
- ❑ Depression
- ❑ Easily Irritated
- ❑ Memory Loss

Endocrine/Glands: □**Normal**
- ❑ Appetite Changes
- ❑ Thyroid Problems

Hematology: □**Normal**
- ❑ Anemia
- ❑ Blood Clots
- ❑ Easy Bruising
- ❑ Easy Bleeding
- ❑ Enlarged Lymph Nodes