

# CAPITAL UROLOGY, INC

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Male and Female Urologic Surgery

Please fill out the following to help us update your records for quality and efficient care.

- 1 Have you had any of the following since your last visit? If yes, please list the ordering physician, location and date.

Abdominal CT

Ultrasound of kidney

PSA lab test

Kidney function lab test

Liver function lab test

Other

- 2 Have you had any other physician visits since your last visit with Capital Urology? If yes, please list.

- 3 Have you had any hospitalizations since you last visit? If yes, where and what was your diagnosis?

- 4 Have you been diagnosed with any new medical conditions since your last visit? If yes, please list.

- 5 Have you had any surgeries since your last visit? If yes, please list.

- 6 Do you have any drug allergies? If yes, please list.

- 7 The next page will list your medications from your previous visit. Please update if needed.

Name \_\_\_\_\_ Date \_\_\_\_\_