

**Capital Urology, Inc.**

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NAME : \_\_\_\_\_

DATE : \_\_\_\_\_

**MALE UROLOGIC HISTORY**

(Please circle each answer.)

- [YES]      [NO]      PAIN OR BURNING WITH URINATION
- [YES]      [NO]      BLOOD IN URINE AT ANY TIME
- [YES]      [NO]      SLOW URINARY STREAM
- [YES]      [NO]      DIFFICULTY STARTING URINATION
- [YES]      [NO]      INABILITY TO HOLD URINE (WET PANTS)
- [YES]      [NO]      BEDWETTING
- [YES]      [NO]      KIDNEY INFECTIONS
- [YES]      [NO]      BLADDER INFECTIONS
- [YES]      [NO]      KIDNEY STONES
- [YES]      [NO]      TUBERCULOSIS
- [YES]      [NO]      RECENT FEVERS OR CHILLS
- [YES]      [NO]      URINATING TOO FREQUENTLY (MORE THAN 6 TIMES A DAY)
- [YES]      [NO]      AWAKENING AT NIGHT TO URINATE MORE THAN ONCE
- [YES]      [NO]      HAVE YOU BEEN TO A UROLOGIST BEFORE? IF YES:  
WHO: \_\_\_\_\_ WHEN: \_\_\_\_\_
- [YES]      [NO]      HAVE YOU HAD KIDNEY OR BLADDER X-RAYS BEFORE?
- [YES]      [NO]      HAVE YOU HAD PRIOR SURGERY ON YOUR PROSTATE OR KIDNEYS?
- [YES]      [NO]      BLOOD IN SEMEN AT ANY TIME
- [YES]      [NO]      HAVE YOU HAD A PSA IN THE PAST 12 MONTHS?
- [YES]      [NO]      HAVE YOU HAD A VASECTOMY?
- [YES]      [NO]      DO YOU HAVE ANY DIFFICULTY OBTAINING OR MAINTAINING AN  
ERECTION?
- [YES]      [NO]      HAVE YOU EVER HAD ANY OF THE FOLLOWING SEXUALLY  
TRANSMITTED DISEASES? GC, CHLAMYDIA, HPV, HIV, HEPATITIS,  
AIDS?