

GULFSTREAM UROLOGY SYSTEM REVIEW

DATE _____/_____/20____

**Do you currently or have you had any problems related to the following systems?
Please explain any YES answers in the space provided**

Check YES or NO

Constitutional Symptoms

- Yes No Chills
- Yes No Fever
- Yes No Headache
- Other _____

Eyes

- Yes No Blurred Vision
- Yes No Double Vision
- Yes No Cataracts
- Yes No Glaucoma
- Yes No Pain
- Other _____

Allergies/Immunologic

- Yes No Hay Fever
- Yes No Drug Allergies
- Other _____

Neurological

- Yes No Headaches
- Yes No Black Outs
- Yes No Seizures
- Yes No Stroke
- Yes No Tremor
- Yes No Dizzy Spells
- Yes No Numbness/Tingling
- Yes No Depression
- Other _____

Endocrine

- Yes No Diabetes
- Yes No Thyroid Trouble
- Yes No Excessive Thirst
- Yes No Too Hot/Cold
- Yes No Tired/Sluggish
- Other _____

Cardiovascular

- Yes No Chest pain
- Yes No Varicose Veins
- Yes No High Blood Pressure
- Yes No Irregular Heartbeat
- Yes No Heart Attack
- Yes No Heart Operations
- Yes No Blood Vessel Problem

Abdomen

- Yes No Pain
- Yes No Ulcers
- Yes No Gallbladder Trouble
- Yes No Colitis
- Yes No Blood in Stools
- Yes No Diverticulitis
- Yes No Jaundice
- Yes No Liver Problems
- Other _____

Respiratory

- Yes No Wheezing or Cough

Integumentary

- Yes No Skin Rash
- Yes No Boils
- Yes No Persistent Itch

Musculoskeletal

- Yes No Joint Pain
- Yes No Back Pain
- Yes No Arthritis
- Yes No Gout

Ear/Nose/Throat/Mouth

- Yes No Sinus Problems
- Yes No Hearing Problems
- Yes No Ear Infection
- Yes No Throat Problems

Genitourinary

- Yes No Urinary Frequency
- Yes No Prostate Surgery
- Yes No Infection
- Yes No Stones
- Yes No Blood in Urine
- Yes No Urine Leakage
- Yes No Urine Retention
- Yes No Painful Urination

Hematologic/Lymphatic

- Yes No Anemia
- Yes No Leukemia
- Yes No Unusual Bruising
- Yes No Swollen Glands
- Yes No Blood Clotting

SUBSEQUENT APPOINTMENTS:

Indicate Any Changes Here or

Date/Initial No Changes

Change: _____

No Changes _____

Change: _____

No Changes _____

Change: _____

No Changes _____

Change: _____

No Changes _____

Change: _____

No Changes _____

Change: _____

No Changes _____

Change: _____

No Changes _____

Change: _____

No Changes _____

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No Changes _____

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No Changes _____

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No Changes _____

Change: _____

No Changes _____

Change: _____

No Changes _____

Change: _____

No Changes _____

Change: _____

No Changes _____