

Patient & Family History (Children's Urology of the Carolinas)

Reason for Visit _____

When did the Problem Begin? _____

What Tests / X-rays have been done? _____

Current Medications & Dose (list all prescription, non-prescription & natural medications)

Allergies (medicines, latex, tape, foods, etc): _____

Birth History

Full-term _____ Premature _____ (# of weeks premature _____)

Birth weight _____ Birth Hospital _____ Birth City & State _____

Complications with pregnancy or delivery _____

Patient's Medical History (check if the child or adolescent has been diagnosed with the following):

- ADD _____
- ADHD _____
- Allergies (environmental) _____
- Anemia _____
- Anesthesia Problems _____
- Asthma _____
- Arthritis _____
- Birth Defects _____
- Bleeding Disorders _____
- Bone Problems _____
- Cancer _____
- Cerebral Palsy _____
- Cholesterol Problems _____
- Cystic Fibrosis _____
- Constipation (chronic) _____
- Diabetes _____
- Down's Syndrome _____
- Hearing Impairment _____
- Heart Problems _____
- Heart Murmurs _____
- High Blood Pressure _____
- HIV / AIDS _____
- Immune Problems _____
- Learning Problems _____
- Liver Problems _____
- Lung Problems _____
- Measles _____
- Migraine Headaches _____
- Muscle Problems _____
- Psoriasis _____
- Seizures _____
- Sickle Cell Disease _____
- Sickle Cell Trait _____
- Sinus Problems _____
- Skin Problems _____
- Speech Problems _____
- Spina Bifida _____
- Stomach Ulcers _____
- Stomach Reflux _____
- Strep Throat _____
- Thyroid Problems _____
- Tracheomalacia _____

Any Other Specific Medical History of Patient? _____

Patient's Name _____

DOB _____

Patient's Hospitalizations (dates & reasons) _____

Patient's Previous Surgeries (include ear tubes): _____

Family History (check if there is a family history of the following – include patient's natural parents, brothers, sisters, aunts, uncles, and grandparents only):

- Anemia _____
- Anesthesia Problems _____
- Asthma _____
- Arthritis _____
- Bedwetting _____
- Cancer _____
- Cerebral Palsy _____
- Cholesterol Problems _____
- Cystic Fibrosis _____
- Birth Defects _____
- Bleeding Disorders _____
- Diabetes _____
- Down's Syndrome _____
- Gastrointestinal Problems _____
- Heart Problems _____
- High Blood Pressure _____
- HIV / Aids _____
- Kidney Problems _____
- Liver Problems _____
- Lung Problems _____
- Seizures _____
- Sickle Cell Disease _____
- Sickle Cell Trait _____
- Skin Problems _____
- Spina Bifida _____
- Thyroid Problems _____

How many brothers does patient have? _____ (list ages: _____)

How many sisters does patient have? _____ (list ages: _____)

Social History (please check where appropriate):

Patient's School Grade _____

Parents are married _____ divorced _____ separated _____ never married _____

Patient lives with natural parents _____ guardian _____ foster care _____ adopting parents _____

Mother's place of birth _____ Father's place of birth _____

Patient's Urinary History (check where appropriate):

Bedwetting _____ Day wetting _____

Urinary frequency is normal _____ increased _____ decreased _____

Wakes-up at night to urinate: 0-1 x per night _____ 2-4 x per night _____ >4 x per night _____

Urine is not bloody _____ Visibly bloody urine _____ Informed of blood in urine by doctor only _____

Chronic constipation _____ Accidents or soiling of stool _____ Chronic diarrhea _____

Burning with urination _____ Deviated Urinary Stream _____

Urine Infections _____ Genital Pain _____ Kidney stones _____

Patient's Name _____ DOB _____ Today's Date _____

REVIEW OF SYSTEMS (Please check if your child currently is suffering from any of the following):

Constitutional

Fever___ Fatigue___ Headache___

Eyes

Blurred Vision___ Double Vision___ Glasses___

Ears/Nose/Throat

Ear Infection___ Throat Infection___ Sinus Infection___

Respiratory

Wheezing___ Pneumonia___ Cough___

Intestinal

Nausea___ Vomiting___ Stomach pain___ Stomach swelling___

Musculoskeletal

Joint pain___ Joint swelling___ Muscle pain___ Back pain___

Neurological

Seizure___ Leg pain___ Leg weakness___

Endocrine

Excessive Thirst___ Weight loss___ Weight gain___

Cardiovascular

Chest pain___ Palpitations___ Heart murmur___

Hematological/Lymphatic

Easy bleeder___ Swollen glands___

Immunologic

Hay fever___ Environmental allergies___