Baylor Scott & White
CENTER FOR RECONSTRUCTIVE UROLOGY
A member of HealthTexas Provider Network

HAVE YOU OR ARE YOU BEING TREATED FOR: please check or circle all that apply

	CONSTITUTIONAL SYMPTOMS
	Good general health
	Recent weight change
	Fever
	Fatigue
	Headaches
	ENDOCRINE
	Glandular problems
	Hormone problems
	Excessive thirst
	Tired / Sluggish
	HEMTALOGIC/LYMPHATIC
	Slow to heal after cut
	Anemia
	Phlebitis
	Past blood transfusion
	Swollen glands
	HEAD AND NECK
	Hearing loss or ringing
	Earaches or drainage
	Chronic sinus problem or rhinitis
	Nose bleeds
	Mouth sores
	Hearing loss or ringing
	Earaches or drainage
	Bleeding gums
	Sore throat or voice change
	Swollen glands in neck
	EYES
	Eye disease or injury
	Wear glasses or contacts
	Blurred or double vision
	Glaucoma
	Loss of vision
	RESPIRATORY
	Chronic or frequent coughs
	Spitting up blood
	Shortness of breath
	Asthma or wheezing
	Sleep apnea
	CARDIOVASCULAR
	Heart trouble
	Chest pain or angina pectoris
	Palpitation
	Shortness of breath with walking or lying flat
	Swelling of feet, ankles, or hands
	SKIN
	Itching
	Rash
	Nail changes
	Skin lesion
	Wound healing issues

	GASTROINTESTINAL
	Acid Reflux
	Abdominal pain
	Nausea or vomiting
	Frequent diarrhea
	Constipation
	Rectal bleeding
	Heartburn
	Peptic Ulcer
	Loss of appetite
	Bowel habit change
	Blood in stool (hematochezia)
	GENITOURINARY
	Dysuria (painful urination)
	Frequency
	Blood in urine
	Change in force or strain when urinating
	Incontinence or dribbling
	Nocturia
	Reduced urine output
	Retention
	Urgency
	Decreased libido
	Males- erectile issues
	Genital lesion
	penile discharge
	Scrotal swelling
	Testicular pain
	PSYCHIATRIC
	Memory loss or confusion
	Nervousness
	Depression
	Insomnia
	Psychosis
	Violent thoughts
	NEUROLOGICAL
	Balance or coordination issues
	Dizziness
	Headaches
	Light-headedness
	Numbness
	Paralysis
	Seizures
	Tremors
	MUSCULOSKELETAL
	Back pain
	Gate problems (difficulty walking)
	Joint stiffness or swelling
	Muscle pain or cramps
	Cold extremities
	Weakness of muscles or joints
	Joint pain

Signature _____ *Date* _____