

LANSING INSTITUTE OF UROLOGY, P.C.

PATIENT HISTORY UPDATE

Read carefully complete accurately. This sheet will become part of your permanent file. Submit to our office prior to your appointment.

Patient Name: _____ Date: _____

1. Please summarize the reason for your visit along with your symptoms:

2. How long has this troubled you?

Is there any situation that may have contributed to this problem?

MEDICATIONS: Please list all medications you are now taking, including those you take without a doctor's prescription.

_____	_____	_____
_____	_____	_____
_____	_____	_____

ALLERGIES: List all allergies to medicines

_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE LIST ALL HOSPITALIZATION, SURGERIES, AND INJURIES BELOW

YEAR	OPERATION / ILLNESS / INJURY	HOSPITAL & CITY
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reminder: Please bring x-ray films to your appointment.

The above information is true and correct to the best of my knowledge.

Date: _____ Patient Signature: _____ Physician Signature: _____