BAY AREA UROLOGY ASSOCIATES
H. R. WAGNER, M. D., F.A.C.S.

8 PROFESSIONAL PARK DRIVE
WEBSTER, TEXAS 77598
OFFICE 281-332-9502

PATIENT NAME:____ DATE:______________________________
DATE OF BIRTH: _______/_____/_________ LAST 4 SS# _____ _____ _____ _____

REVIEW OF SYSTEMS

PLEASE CHECK ANY OF THE FOLLOWING SYMPTOMS THAT ARE CURRENTLY BOTHERING YOU, OR HAVE BEEN A PROBLEM IN THE PAST

GENITOURINARY
- ☐ Frequent urination
- ☐ Urgency
- ☐ Hesitancy
- ☐ Intermittency
- ☐ Incomplete bladder emptying
- ☐ Incontinence
- ☐ Nocturia (______times per night)
- ☐ Burning
- ☐ Painful urination
- ☐ Weak size & force of stream
- ☐ Blood in urine
- ☐ Urinary retention
- ☐ Kidney stones

CHEST
- ☐ Chronic cough
- ☐ Cough up blood
- ☐ Frequent bronchitis
- ☐ History of asthma
- ☐ Pneumonia
- ☐ Tuberculosis
- ☐ Wheezing
- ☐ Shortness of breath

HEART
- ☐ Tightness or pressure, discomfort in chest
- ☐ Discomfort in jaw or neck
- ☐ Any discomfort in left arm
- ☐ Any discomfort when exercising
- ☐ Murmurs
- ☐ Palpitations
- ☐ Skipped beats
- ☐ Swelling of feet
- ☐ High blood pressure
- ☐ Atrial fibrillation
- ☐ Heart attack

ABDOMEN
- ☐ Abdominal pain
- ☐ Frequent indigestion/heartburn
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Constipation
- ☐ Any change in bowel habits
- ☐ Blood in stool
- ☐ Colitis
- ☐ Ulcers
- ☐ Hemorrhoids

CONSTITUTIONAL
- ☐ Fainting
- ☐ Loss of consciousness
- ☐ Epilepsy
- ☐ Seizures
- ☐ Numbness
- ☐ Tingling

ENDOCRINE
- ☐ Diabetes
- ☐ Excessive thirst
- ☐ Any thyroid problems
- ☐ Too hot/too cold

LOWER EXTREMITIES
- ☐ Arthritis
- ☐ Back or neck problems/pain
- ☐ Joint disease/pain
- ☐ Sciatica

WOMEN
- ☐ Breast lumps
- ☐ Vaginal discharge
- ☐ Abnormal bleeding

HEAD/EARS/EYES/ THROAT/MOUTH
- ☐ Headaches
- ☐ Dizziness
- ☐ Migraines
- ☐ Decreased hearing
- ☐ Ear infections
- ☐ Loss of vision
- ☐ Double vision
- ☐ Blurred vision
- ☐ Glaucoma
- ☐ Nose bleeds
- ☐ Frequent sore throats

NEUROLOGIC
- ☐ Tremors
- ☐ Dizzy spells
- ☐ Numbness/tingling

SKIN
- ☐ Rashes
- ☐ Abnormal lumps
- ☐ Abnormal moles
- ☐ Boils
- ☐ Dermatitis
- ☐ Any skin problems

PSYCHOLOGICAL
- ☐ Depression
- ☐ Anxiety
- ☐ Insomnia
- ☐ Mood Changes
- ☐ Are you generally satisfied with life?

☐ **NO UNUSUAL SYMPTOMS**

ADDITIONAL NOTES:______________________ ____________________________
____________________________ ____________________________
____________________________ ____________________________

____
SIGNATURE