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www.VasectomyNoNeedle.com

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Name: _____ Age: _____ Date: ____/____/____

Single Married Divorced Widowed

Occupation: _____ Education level: _____

Number of children: _____ Ages of children: _____

Who lives in the household with you? _____

What is your main urological problem? Why were you referred to a urologist?

Please list ALL MEDICATIONS you are taking (including herbal remedies and over the counter medications):

ALLERGIES TO MEDICATIONS:

List all medical problems for which you see a doctor regularly (diabetes, hypertension, etc.):

Please list all surgeries you have had (with approximate year of the surgery):

Have you ever been hospitalized? If so, tell us why and give an approximately year:

Family medical history of cancer or other diseases: