PATIENT HISTORY FORM

Tri-State Urology
4300 West Main St. Suite 102 Dothan, AL 36305
(334) 793-9564
Dr. Robert J. Pelfrey

Today's Date: _____ /_____ /_____

Full Name: _____

Date of Birth: _____ /_____ /_____

Chief Complaint

What is the main reason for your visit today? (Describe your problem in detail.)

_____

_____

_____

Are you currently taking any medications?

❑ Yes or ❑ No? If yes, please list: _____

_____

_____

Do you have any drug allergies?

❑ Yes or ❑ No? If yes, please list: _____

Have you had any recent CT scans, X-rays, or Ultra sounds relating to your problems?

❑ Yes or ❑ No? If yes, please list:

Procedure	Date	Where performed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REVIEW OF SYSTEMS

Are you currently experiencing any of the following symptoms? (Circle Yes or No)

Fever	Yes	No
Chills	Yes	No
Abdominal Pain	Yes	No
Nausea / Vomiting	Yes	No
Urine Retention	Yes	No
Pain / Discomfort during urination	Yes	No
Urinary Frequency	Yes	No
Urinary Urgency	Yes	No
Back Pain	Yes	No
Flank / Side Pain	Yes	No
Urinary Hesitancy	Yes	No
Nocturia	Yes	No
Hematuria	Yes	No
Incontinence / Leakage	Yes	No
Weak Urine Stream	Yes	No
Post-void Dribbling	Yes	No

Additional Comments: _____