



ROCKY MOUNTAIN
Pediatric
Urology, PC

Date _____ Patient _____ DOB _____

Please explain why the patient is being seen in our office:

How long has this been a concern? _____

MEDICATION: Regular or daily (include any herbals): _____

Occasional Medications: _____

ALLERGIES: Medications _____

Other (food, latex, tape, Iodine, etc) _____

BIRTH: () Term () Preterm How many weeks? _____ Birth Weight _____

PREVIOUS SURGERIES: _____

HOSPITALIZATIONS: (age/reason) _____

FAMILY HISTORY: Any family members with:

- () Complications with surgery/anesthesia
- () Kidney Problems () Bladder Infections
- () Diabetes
- () Kidney stones/Tumors () Kidney surgery
- () Blood in urine
- () Other

Any brothers _____ Sisters _____ Do they have medical problems?

Please CIRCLE any of the following that may apply to patient:

- () **BLADDER:** Difficulty starting a stream, weak stream, interrupted stream, poor aim, daytime accidents, bedwetting, bladder infections (with fever)
() Yes () No
How many times per day does the patient empty the bladder? _____
- () **GROWTH:** Delayed growth, below 5th percentile, delayed development
- () **HEART:** Murmurs, blood pressure issues, other defects: _____
- () **LUNGS:** Asthma, RSV, Wheezing, Shortness of breath with exercise
- () **EATING:** Poor appetite, difficulty swallowing, episodes of vomiting, spitting up, constipation
- () **SKIN:** Rashes, Eczema
- () **BLOOD:** Prolonged bleeding, nose bleeds, excessive bruising
- () **HEARING:** Decreased hearing, recurrent ear infections
- () **NERVOUS SYSTEM:** Seizures, ADD/ADHD, Decreased tone, Spasticity, Spina Bifida, Downs Syndrome