

Asheville Urological Associates, Inc.

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ASHEVILLE UROLOGICAL ASSOCIATES, INC. PATIENT QUISTIONNAIRE

Dear Patient,

A few minutes of your time carefully answering the following questions will help the urologist in assessing your problem and give you better care.

1. Was this consultation requested/arranged by a Physician? YES _____ NO _____
2. If so, by whom? _____
3. What is the main reason you are seeing the doctor today? _____

4. Have you seen a urologist before? YES _____ NO _____ Who? _____
5. Have you ever had a blood transfusion? YES _____ NO _____
6. Do you have any major medical problems (i.e. heart attack, asthma, diabetes, etc)?
YES _____ NO _____
7. Please list any MAJOR MEDICAL problems:
1) _____ 2) _____ 3) _____
8. List all of the operations or surgeries you have ever had:
1) _____ 2) _____ 3) _____
4) _____ 5) _____ 6) _____
9. Do you take ASPIRIN everyday? YES _____ NO _____
10. List the NAMES (and DOSES, if known) of any medicine you take every day:
1) _____ 2) _____ 3) _____
4) _____ 5) _____ 6) _____
11. Are you ALLERGIC to any medication? YES _____ NO _____
12. Please list any medications you are ALLERGIC to:
1) _____ 2) _____ 3) _____

(please continue on reverse side)

13. Occupation: _____

14. Do you smoke? YES _____ NO _____ How much? _____

15. Do you drink alcohol? YES _____ NO _____ How much? _____

16. Have any of the men in your family had Prostate Cancer? YES _____ NO _____

17. Have you ever had any serious problem(s) with or been treated for:

	YES	NO		YES	NO
CONSTITUTIONAL SYMPTOMS:			NEUROLOGICAL:		
Change in appetite	_____	_____	Dizziness	_____	_____
Weight change	_____	_____	Seizure	_____	_____
Chills	_____	_____	Headache	_____	_____
Fever	_____	_____	Loss of consciousness	_____	_____
EYES:			SKIN:		
Glasses	_____	_____	Rashes	_____	_____
Cataracts	_____	_____	Non-healing	_____	_____
ENT:			PSYCHIATRIC:		
Nose bleed	_____	_____	Nervousness	_____	_____
Difficulty swallowing	_____	_____	Mood changes	_____	_____
Hoarseness	_____	_____	Depression	_____	_____
Hearing Loss	_____	_____	ENDOCRINE:		
RESPIRATORY:			Thyroid trouble	_____	_____
Shortness of breath	_____	_____	Diabetes	_____	_____
Cough	_____	_____	HEMATOLOGY:		
Coughing up blood	_____	_____	Anemia	_____	_____
CARDIAC:			Easy bruising	_____	_____
Chest pain	_____	_____	Swollen glands	_____	_____
Heart Attack	_____	_____	GENITO-URINARY:		
Palpitations	_____	_____	Kidney disease	_____	_____
High blood pressure	_____	_____	Kidney stones	_____	_____
GI:			Bladder trouble	_____	_____
Abdominal pain	_____	_____	Blood in urine	_____	_____
Nausea	_____	_____	Urinary infection	_____	_____
Vomiting	_____	_____	Prostate gland	_____	_____
Diarrhea	_____	_____	Urinary incont.	_____	_____
Constipation	_____	_____	Urinary frequency	_____	_____
MUSCULOSKELETAL:					
Arthritis	_____	_____			
Joint pain	_____	_____			
Joint replacement	_____	_____			
Back pain	_____	_____			