



NAME: _____
Date of Birth: _____
Primary Doctor: _____
Who referred you to us? _____
Date: _____

Reason for Visit:

History:

- Describe Symptoms _____

- Describe Previous Treatments _____

- Any Recent Lab Tests or X-Rays? _____

- Previous Urology Evaluation? _____

- Recent ER Visit? _____

Allergies:

- List any medicines you are allergic to? _____

- Are you allergic to IVP Contrast? Y N
- Are you allergic to Shellfish/Iodine? Y N

Medicine List (Name and Dosage):

- Prescription Drugs _____

- Herbal Medicines & Vitamins _____

- Do you carry or take Nitroglycerin for Chest Pains/Angina? Y N

Past Medical History:

Diabetes	Y	N	Vasectomy	Y	N
High Blood Pressure	Y	N	Hysterectomy	Y	N
Glaucoma	Y	N	Appendix Removal	Y	N
Kidney Disease	Y	N	Gallbladder Removal	Y	N
Kidney Stones	Y	N	Hernia Surgery	Y	N
Radiation Therapy	Y	N	Chemotherapy	Y	N

- Other Illnesses _____

- Other Surgeries _____

- Previous Hospitalizations _____

Social History:

- Major Occupation (current or previous) _____
- Are you Retired Y N
- Are you Disabled Y N
- Do you Smoke Y N Quit _____ years ago
If yes, how many packs per day _____
How many years _____
- Do you drink Alcoholic Beverages Y N Quit _____ years ago
If yes, how much _____
- Do you drink Caffeinated Beverages Y N
- If yes, how many per day _____

Family History:

- Kidney Stones Y N Other _____
- Prostate Cancer Y N _____
- Heart Disease Y N _____
- Diabetes Y N _____

Review of Systems: Circle any of the following symptoms that you have.

- | | | |
|--------------------------------|--------------------------|------------------------------|
| Fever | Chills | Weight Loss |
| Blurry Vision | Glaucoma | Cataracts |
| Hearing Loss | Sinus Problem/Congestion | Sore Throat |
| Chest Pains | Irregular Heartbeats | Swollen Ankles |
| Shortness of Breath | Wheezing | Cough O2 Use |
| Abdominal Pain | Nausea/Vomiting | Diarrhea Constipation |
| Hematuria (blood in the urine) | | Urinary Leakage |
| Erectile Dysfunction | Decreased Libido | |
| Chronic Back Pain | Joint Pain | Walks with a Cane or Walker |
| Rashes | History of Skin Cancer | Current Skin Lesions |
| Numbness | Tingling | Dizziness Headaches |
| Depression | Panic Attacks | Poor Memory |

Physician Signature- _____ Date- ____/____/____



International Prostate Symptom Score (IPSS)

Patient Name: _____ Date: _____

BPH (Benign Prostatic Hyperplasia) is a non-cancerous enlargement of the prostate that occurs in many men over the age of 40.

Determine your BPH Symptoms Circle your answers and add up your scores at the bottom.

Over the past month	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
Incomplete emptying – How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
Frequency – How often have you had to urinate again less than two hours after you finished?	0	1	2	3	4	5
Intermittency – How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
Urgency – How often have you found it difficult to postpone urination?	0	1	2	3	4	5
Weak Stream – How often have you had a weak urinary stream?	0	1	2	3	4	5
Straining – How often have you had to push or strain to begin urination?	0	1	2	3	4	5
Sleeping – How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	0	1	2	3	4	5
Add Symptom Scores:						

Total International Prostate Symptom Score = _____

1 - 7 mild symptoms / 8 - 19 moderate symptoms / 20 - 35 severe symptoms.
Regardless of the score, if your symptoms are bothersome you should notify your doctor.



Advanced Urology Institute Welcomes the Patient Portal

You will now have the ability to view and maintain your health information online in a secure environment shared between you and your urologist. Please complete and return the form below to get started.

View and Update Your Information.

- Update your address, insurance, and choose a preferred pharmacy to receive your prescriptions
- Update your allergy, medication, and personal history information
- View documentation sent by your urologist such as education material and lab results
- Communicate with your urologist online about future appointments or questions you may have

Patient Portal Sign In Is Easy

The first step is to give us your email address. We will email you instructions on connecting to the patient portal. Sign in to your Patient Portal with the provided temporary password. The temporary password will be valid for 72 hours prior to your appointment, after which a new one will have to be requested.

- Sign in to your Patient Portal account by selecting the link shown below.
- You will be asked to verify your identity.
- Enter your e-mail address and you will be asked to enter a new password. Choose a password that is easy for you to remember. Follow the password rules to make your password more secure.
- The temporary link will be valid for 72 hours from the time of this email, after which a new password will have to be requested.

To set your password type this link or copy and paste it into your browser:

<https://patientportal.intrinsiq.com/PatientPortal/Practices/500206/patient/Login>

Your temporary password is \$PortalPassword

See you online,

Your Patient Portal Team

Name: _____

Date of Birth: _____

email: _____