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Dear Patient:

We would like to take this opportunity to welcome you to our practice. We look forward to meeting you and providing the highest quality urological care. In order to facilitate your appointment, we ask that you please take a few moments and complete the enclosed forms. By doing this before your visit, we hope to make your visit as efficient as possible.

We need you to bring the following to your appointment:

- Completed forms
- Insurance cards
- Driver's license or picture ID
- Insurance co-pay
- List of medications and allergies
- CD (disk) or x-ray forms, if performed, relating to your current problem.

If your insurance requires a referral or pre-authorization when seeing a specialist, please contact your primary care physician and confirm this has been completed.

We appreciate you taking the time to help us streamline your visit and serve you as efficiently as possible. If you have any questions or need any assistance, please call our office. We will be happy to help you in any way we can.

We are looking forward to meeting you,

Sincerely,
Advanced Urology Institute
Panama City



Advanced Urology Institute ■ Adult Patient History

Name: _____ Chart #: _____

Date of Birth: _____ Age: _____ Today's Date: _____

Reason for visit: _____ Problem for how long? _____

Referring Provider: _____ Other Treating Providers: _____

Past Medical History

Heart and Blood Vessels

- Anemia
- Angina (Chest Pain)
- Aortic Aneurysm
- Atrial Fibrillation
- Arrhythmia (Irregular beat)
- Bleeding Problem
- Congestive Heart Failure
- Coronary Artery Disease
- DVT or Blood Clots
- Endocarditis
- Heart Attack
- Heart Murmur
- Heart Valve Problem
- High Cholesterol
- High Blood Pressure
- Low Blood Pressure
- Rheumatic Fever
- Sickle Cell Anemia
- Heart Valve Replacement

Endocrine and Hormones

- Diabetes (Not on insulin)
- Diabetes (On insulin)
- Gout
- Hyperthyroidism (High)
- Hypothyroidism (Low)

General

- Hernia (Location: _____)
- Lupus
- Malaise (Weak and Fatigued)
- Sleep Apnea

Abdomen and Intestines

- Cholelithiasis (Gall Stones)
- Colitis (Colon Inflammation)
- Constipation
- Crohn's Disease
- Diarrhea

- Diverticulitis
- Gastritis
- GERD (Acid Reflux)
- Hemorrhoids
- Hepatitis-Type A B or C _____
- Liver Disease
- Pancreatitis
- Peptic Ulcer
- Ulcerative Colitis

Urinary

- AIDS or HIV
- Bladder Cancer
- Bladder Stone
- Bladder Infections
- BPH (Enlarged Prostate)
- Chronic Kidney Failure
- Chronic Prostatitis
- Condyloma (Genital Warts)
- Erectile Dysfunction
- Hematuria (Bloody Urine)
- Interstitial Cystitis
- Kidney Cancer
- Kidney Infection
- Kidney Stones
- Nerve Damaged Bladder
- Orchitis (Testicle Infection)
- Polycystic Kidney Disease
- Prostate Cancer
- Transplant (Kidney)
- Undescended Testicle
- Venereal Disease

Gynecology

- Endometriosis
- Ovarian Cyst
- Uterine Fibroids
- Vaginal Prolapse/Bulge
- Vaginal Inflammation

Head and Neck

- Blindness
- Deafness
- Glaucoma (Open or Closed?)
- Mumps

Muscles and Bones

- Arthritis
- Back Pain
- Fibromyalgia
- Osteoporosis
- Rheumatoid Arthritis

Brain and Psychiatric

- Alzheimer's Disease
- Anxiety or Depression
- Bipolar Disorder
- Epilepsy or Seizure Disorder
- Multiple Sclerosis
- Parkinson's Disease
- Spinal Cord Injury
- Stroke

Lungs

- Asthma
- Bronchitis
- Emphysema (COPD)
- Pneumonia
- Pulmonary (Lung) Blood Clot

Tumors and Cancer

- Bladder Cancer
- Breast Cancer
- Cervical Cancer
- Colon Cancer
- Leukemia
- Lung Cancer
- Lymphoma
- Prostate Cancer
- Renal (Kidney) Cancer
- Testicle Cancer

List Any Other Medical Problems Here: _____

Past Surgical History

Kidneys/Ureters

- ESWL lithotripsy (R or L)
- Nephrectomy (Kidney Removal)
- Nephrolithotomy
- Pyeloplasty
- Renal Kidney Transplant
- Ureteroscopy

Bladder/Urethra

- Artificial Urinary Sphincter
- Bladder Surgery
- Cystolithopaxy (Bladder Stone)
- Cystoscopy (Bladder Scope)
- Interstim (Spinal Stimulator)
- TURBT (Bladder Tumor)

Prostate

- Biopsy of Prostate
- Brachytherapy (Prostate Seeds)
- Cryotherapy (Prostate Freezing)
- Prostate Radiation
- Radical Prostatectomy
- TUIP (Incision of Prostate)
- TURP (Resection of Prostate)

Penis

- Circumcision
- Meatotomy
- Penile Implant

Scrotum

- Epididymis excision (R or L?)
- Hydrocele excision (R or L?)
- Testicle excision (R or L?)
- Varicocelelectomy (R or L?)

- Vasectomy

Heart and Vascular Surgery

- AICD (Implanted Defibrillator)
- Angioplasty / Stent
- Aortic Aneurysm Repair
- CABG (Heart Bypass)
- Carotid Bypass
- Pacemaker
- Valve Replacement

General

- Laminectomy
- Parathyroidectomy

Gastrointestinal Surgery

- Abdominal Hernia Repair
- Appendectomy
- Cholecystectomy (Gall Bladder)
- Colectomy (Colon Removal)
- Colostomy
- Hemorrhoidectomy
- Inguinal Hernia Repair (R or L?)
- Laparoscopy
- Liver Surgery
- Colonoscopy (Date: _____)

Gynecologic Surgery

- Breast Implants
- Cystocele Repair
- C-Section x _____
- Vaginal Delivery x _____
- D and C x _____
- Hysterectomy

- Mastectomy (R or L)

- Ovarian Cyst Removal (R or L)
- Rectocele Repair
- Tubal Ligation

Head And Neck Surgery

- Ear Surgery
- Eye Surgery
- Facial Surgery
- Nasal Surgery
- Sinus Surgery
- Thyroid Surgery
- Tonsillectomy

Musculoskeletal Surgery

- Amputation
- Arm Surgery (R or L?)
- Arthroscopy Knee (R or L?)
- Carpal Tunnel Surgery
- Cervical Spine Surgery
- Knee Replacement (R or L?)
- Hip Replacement (R or L?)
- Hip Pin / Rod (R or L?)
- Leg Surgery (R or L?)
- Lumbar Spine Surgery
- Shoulder Surgery (R or L?)

Respiratory Surgery

- Lung Surgery

Skin Surgery

- Basal Skin Cancer
- Melanoma
- Squamous Cell Cancer

List Any Other Surgeries Here: _____

Sexual History: Sexual Activity: Not Sexually Active Active, Single Partner Active, Multiple Partners

HIV/AIDs Risk or Exposure? Yes No

Sexually Transmitted Disease: Chlamydia Gonorrhea HPV Condyloma Herpes HIV/AIDS

Females: Number of Pregnancies: _____ Number of Live Births: _____ Miscarraiges: _____ Abortions: _____

Family History:

- | | | |
|--|--|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> COPD | <input type="checkbox"/> Kidney Stones |
| <input type="checkbox"/> Alzheimers | <input type="checkbox"/> Dementia | <input type="checkbox"/> Renal (Kidney) Failure |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> BPH (Enlarged Prostate) | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> High Blood Pressure | |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High Cholesterol | |

Other Family History: _____

Pneumococcal Vaccination? Yes No Approximate Date: _____

Social History: Single Married Separated Divorced Widowed Life Partner Common Law Spouse

Education: Primary School High School College Degree Professional Degree

Occupation: _____ Hobbies: _____

Living Situation: Lives at home alone Lives at home with others Nursing Home / Assisted Living

Alcohol Use: None Occasional Liquor (ounces per day: _____) Beer (how many per day: _____)

Tobacco Use: None Previously smoked (_____ packs a day, quit in _____) Current Smoker (_____ packs a day)

Recreational Drugs: None Previous user (_____) Current user (_____)

Caffeinated Beverages: None Low Moderate Excessive Coffee (_____ cups a day)

Foreign Travel: None Canada Mexico Central America South America Europe Far East Other _____

Review of Systems

Constitutional:

- Chills
- Fever
- Fatigue
- Generalized Weakness
- Hot Flashes
- Night Sweats
- Weight Loss

Eyes:

- Blindness
- Blurred Vision
- Cataracts
- Glaucoma

Allergies:

- Drug Allergies
- Food Allergies
- Seasonal Allergies

Neurological:

- Balance Problems
- Dizzy Spells
- Fainting Spells
- Headache
- Leg or Arm Weakness
- Memory Loss
- Numbness / Tingling
- Paralysis
- Seizures

Endocrine:

- Diabetes
- Pituitary Disease
- Thyroid Disease
- Too hot/cold

Gastrointestinal:

- Abdominal Pain
- Acid Reflux
- Blood in Stool
- Constipation
- Diarrhea
- Nausea/Vomitting
- Trouble Swallowing

Cardiovascular:

- Chest Pain
- Heart Murmur
- Irregular Heart Beat
- Shortness of Breath
- Swelling of Ankles

Integumentary / Skin:

- Acne
- Boils
- Changing Moles
- Persistent Itch
- Skin Rash

Musculoskeletal:

- Back Pain
- Bone Pain
- Joint Pain
- Muscle Cramps
- Neck Pain/Stiffness

Ear/Nose/Throat/Mouth:

- Congestion
- Hearing Loss
- Hoarseness
- Sinus Problems
- Sore Throat

Genitourinary:

- Blood in Urine
- Burning Urination
- Erection/Ejaculation Problem
- Flank Pain
- Infertility
- Loss of Sexual Interest
- Nocturia/Urinating at Night
- Painful Ejaculation
- Premature Ejaculation
- Phimosis (Tight Foreskin)
- Scrotal Pain
- Suprapubic/Bladder Pain
- Urgent Urination
- Frequent Urination
- Urine Leakage
- Weak Urine Stream

Respiratory:

- Coughing up Blood
- Frequent Coughing
- Shortness of Breath
- Wheezing

Hematologic/Lymphatic:

- Aspirin or Blood Thinner Use
- Bleeding Problems
- Swollen Lymph Nodes/Glands

Psychological:

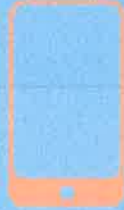
- Anxiety
- Depression
- Suicidal Thoughts

Medications: _____

Allergies (Medicines, Latex, IVP dye): _____

Patient Portal

24/7
Access



Request
Appointments



Request
Prescription
Refills



Educational
Materials



View Your
Medical Profile



Send Messages to
Clinical Staff



Ask any member of
our valuable team,
how to access the
patient portal.