

NEW PATIENT INFORMATION

Dr. Herman C. Kwan Inc., Urologic Surgery

Name _____ Height _____ Weight _____ Gender _____

MALE PATIENTS:		FEMALE PATIENTS:	
Family history of prostate cancer?		Previous gynaecologic surgery?	
Have you had a Vasectomy?		Number of pregnancies:	
Have you had a previous PSA test?		# of Vaginal deliveries:	
		# of C-section deliveries:	
DO YOU HAVE:		Comments	
Diabetes			
Hypertension (High Blood Pressure)			
Previous Heart Attack			
Previous Stroke			
Liver / Stomach / Bowel Disease			
Bleeding / Clotting Disorder			
Sleep Apnea			
Artificial heart valve?			
Are you on blood thinners		If Yes, please name?	
Please list ALL previous surgeries:		Please list ALL current medications:	

Allergies _____
 Have you ever smoked? _____ If yes, for how many years? _____ # of cigarettes /day _____
 Alcohol consumption: # of drinks in a typical week? _____
 Occupation _____

URINARY SYMPTOMS

1. On a typical night, how many times do you need to get up to urinate? _____
2. When you get the urge to urinate, can you hold it or do you have to go right away?

3. On a typical day, how often do you empty your bladder? _____
4. What is your urinary flow like? Weak? _____ Strong? _____ Dribbling? _____
5. Do you ever leak urine?
6. Fluid Consumption: Caffeinated beverages per day: ____ Non-caffeinated beverages per day: _____