



Michael P. Zahalsky, MD - Mini Varghese, MD - Christopher P. Hollowell, MD - Justin A. Muskovich, MD - Michael Tyler, MD
Melissa Marchand, PA-C - Monika Kulik, PA-C
954-714-8200 Phone 954-840-2626 Fax
www.zurology.com

NAME: _____ DATE OF BIRTH: _____

List of Reasons for today's visit: _____

MEDICAL HISTORY

Prior Illnesses and Serious Injuries: _____

Prior Surgeries: _____ Date _____

Prior Surgeries: _____ Date _____

Prior Hospitalizations: _____ Date _____

Prior Hospitalizations: _____ Date _____

Please list all the medications you are currently taking: _____

Allergies and Reactions (Drug, Food, Or Other) : _____

Sexually Transmitted Diseases: _____

FAMILY MEDICAL HISTORY

Urology Disease (i.e. Kidney stones, incontinence) ___ mother ___ father ___ other: ___

Please Specify : _____

Cancer ___ mother ___ father ___ other: ___ Please Specify : _____

Social History

Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed ___ Cohabiting

Living Situation ___ Living at Home ___ Nursing Home ___ Homeless ___ Other

Occupation: _____

Tobacco Use: ___ Non Smoker ___ Smoker: Packs Per Day: _____

Alcohol Use: ___ Non Drinker ___ Yes, I Drink _____ Ounces Per day

Drug Use: ___ Non User ___ User Type: _____