East Alabama Urology Associates

Name: _____ Date: _____

Preferred pharmacy: _____ Pharmacy Location: _____

Birthdate: _____ SSN: _____ Gender: ❒ Male / ❒ Female

Marital Status: ❒ Single / ❒ Married / ❒ Widowed ***Primary language***: _____

Race: ❒ Black / ❒ White / ❒ Asian / ❒ Hispanic / ❒ Other _____ / ❒ Decline

Ethnicity: ❒ Hispanic or Latino / ❒ NOT Hispanic or Latino / ❒ Decline

Mailing address: _____ Zip: _____

Home Phone: (___) _____ Cell Phone: (___) _____

Email: _____ Employer: _____

Primary Insurance: _____ Secondary Insurance: _____

Birthdate of policy holder: _____ Birthdate of policy holder: _____

Who is responsible for your bill? If self, please check here and sign at bottom ❒

If someone else, provide the following information and sign at the bottom:

Name: _____

Relationship to patient: _____ Birthdate: _____

Address: _____ SSN: _____

Primary Phone: (___) _____ Alternate Phone: (___) _____

Email: _____ Employer: _____

Release and assignment: I understand that I am financially responsible for all charges pertaining to medical services rendered by East Alabama Urology Associates (EAUA), whether or not covered by insurance. I hereby authorize EAUA to act as my agent in filing insurance claims for services rendered. I authorize EAUA to release such information from my medical records as may be required in securing payment of benefits. I assign directly to EAUA all insurance benefits payable to me for services rendered. I hereby give my consent to receive communications, including cell phone and email, regarding my account from any servicers or collectors retained by EAUA. I understand that my account will be sent to collections if no payment is received after two statements have been sent. I understand that collection agency fees of 33.33% will be added to any amount sent to collections. I understand that any legal fees or court costs incurred collecting on my account will be my responsibility.

Signature: _____ **Date:** _____

PLEASE CONTINUE ON THE REVERSE SIDE

East Alabama Urology Associates

Name: _____ Birthdate: _____

Family Doctor _____

Emergency Contacts

(people authorized to speak with East Alabama Urology Associates Staff about your medical needs)

Name: _____ Relationship: _____

Phone numbers _____ _____

Name: _____ Relationship: _____

Phone numbers _____ _____

Name: _____ Relationship: _____

Phone numbers _____ _____

Signature: _____ **Date:** _____

East Alabama Urology Associates

Drug Allergies

❒ No Known Allergies

_____	_____	_____
_____	_____	_____
_____	_____	_____

Prescription Medication List

Medication	Dosage (mg)	Medical Condition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name _____

East Alabama Urology Associates

Medical History and Current Conditions

(please check any that you have had or currently have)

Urological

- ❒ Bladder cancer
- ❒ Bladder emptying incomplete
- ❒ Bladder Neck obstruction
- ❒ Bladder stones
- ❒ BPH (enlarged prostate)
- ❒ Condyloma
- ❒ Cystitis
- ❒ Elevated PSA
- ❒ Epididymitis
- ❒ Erectile dysfunction
- ❒ Hematuria (blood in urine)
- ❒ Hydrocele
- ❒ Infertility
- ❒ Incontinence
- ❒ Kidney cancer
- ❒ Kidney stones
- ❒ Prostate cancer
- ❒ Prostatitis
- ❒ Retention
- ❒ Testicular mass
- ❒ Ureteral stones
- ❒ Urinary frequency
- ❒ Vasectomy Consult
- ❒ UTI
- ❒ Other _____

General

- ❒ Alzheimer's
- ❒ Anemia
- ❒ Asthma
- ❒ Atrial fibrillation
- ❒ Cancer: _____
- ❒ Congestive heart failure
- ❒ COPD
- ❒ Depression
- ❒ Diabetes, type: _____
- ❒ Hepatitis: _____
- ❒ Hernia
- ❒ High Blood Pressure
- ❒ High cholesterol
- ❒ HIV
- ❒ Reflux
- ❒ Psychiatric problems
- ❒ Stroke
- ❒ Thyroid problems
- ❒ Ulcerative colitis
- ❒ Other _____

Surgical History ❒ None

- ❒ Abdominal surgery
- ❒ Appendectomy
- ❒ Back surgery
- ❒ Bladder cancer surgery
- ❒ Bladder suspension
- ❒ CABG
- ❒ Carotid Artery surgery
- ❒ Colon surgery
- ❒ Gall Bladder surgery
- ❒ Hernia repair
- ❒ Hip replacement
- ❒ Hysterectomy
- ❒ Kidney stone surgery
- ❒ Nephrectomy
- ❒ Orthopaedic surgery
- ❒ Pacemaker
- ❒ Prostatectomy
- ❒ Prostate shaving
- ❒ Radiation seed implant
- ❒ Valve replacement
- ❒ Vasectomy
- ❒ Other _____

Family Medical History ***This applies to your grandparents, parents and siblings only.***

Has any relative had bladder cancer? ❒ Yes ❒ No Relationship: _____

Has any relative had prostate cancer? ❒ Yes ❒ No Relationship: _____

Has any relative had kidney stones? ❒ Yes ❒ No Relationship: _____

Has any relative had renal (kidney) cancer? ❒ Yes ❒ No Relationship: _____

Social History What is your occupation? _____

Do you presently smoke tobacco? ❒ Yes ❒ No If No, have you ever smoked tobacco? ❒ Yes ❒ No

Do you presently drink alcohol? ❒ Yes ❒ No