

**East Alabama Urology Associates**

Date \_\_\_\_\_

Name \_\_\_\_\_

Preferred pharmacy \_\_\_\_\_ Pharmacy location \_\_\_\_\_

Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Gender (circle): Male / Female Marital status (circle) Single / Married / Widowed

Primary language \_\_\_\_\_

Race (circle one): White / African American / American Indian / Asian / Hawaiian / Other / Unknown / Decline

Ethnicity (circle one): Hispanic or Latino / NOT Hispanic or Latino / Decline

Mailing address \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone (\_\_\_\_) \_\_\_\_\_ Alternate phone (\_\_\_\_) \_\_\_\_\_

email \_\_\_\_\_ Employer \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Secondary Insurance \_\_\_\_\_

Birthdate of policy holder \_\_\_\_\_ Birthdate of policy holder \_\_\_\_\_

**Who is responsible for the bill?**

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 \_\_\_\_\_

*East Alabama Urology Associates*

*Name* \_\_\_\_\_ *Birthdate* \_\_\_\_\_

*Family Doctor* \_\_\_\_\_

***Emergency contacts***

*People authorized to talk with Urology about your medical needs:*

*Name* \_\_\_\_\_ *Relationship* \_\_\_\_\_

*Phone numbers* \_\_\_\_\_

*Name* \_\_\_\_\_ *Relationship* \_\_\_\_\_

*Phone numbers* \_\_\_\_\_

*Name* \_\_\_\_\_ *Relationship* \_\_\_\_\_

*Phone numbers* \_\_\_\_\_

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_



# *East Alabama Urology Associates*

## ***Medical History and current conditions: Circle any that apply to you***

***Urological:*** Bladder stones Bladder cancer Bladder emptying incomplete Bladder neck obstruction BPH (enlarged prostate) Condyloma Cystitis Dysuria Elevated PSA Epididymitis Erectile dysfunction Hematuria (blood in urine) Low testosterone Hydronephrosis Infertility Kidney stone Prostate cancer Kidney cancer Sterilization Testicular cancer Undescended testis Ureteral stone Urinary frequency Incontinence Retention UTI Other \_\_\_\_\_

***General:*** Alzheimers Anemia Asthma Atrial fibrillation Cancer \_\_\_\_\_ Congestive heart failure COPD Crohns disease Depression Diabetes, type: \_\_\_\_\_ Reflux Hepatitis Hernia HIV High blood pressure High cholesterol Psychiatric problems Stroke Thyroid problems Ulcerative colitis Other \_\_\_\_\_

## ***Surgical History – Circle any operations you have ever had***

Never had surgery Abdominal surgery Appendectomy Bladder cancer surgery Bladder suspension CABG Endarterectomy Cholecystectomy Colon surgery Hernia repair Hip replacement Hysterectomy Kidney stone surgery Laminectomy Nephrectomy Orthopaedic surgery Pacemaker Prostatectomy Prostate shaving Radiation seed implant Valve replacement Other \_\_\_\_\_

## ***Family Medical History – This applies to your family, not YOU***

Has any relative had bladder cancer? No \_\_\_ Yes \_\_\_ Relationship \_\_\_\_\_

Has any relative had prostate cancer? No \_\_\_ Yes \_\_\_ Relationship \_\_\_\_\_

Has any relative had kidney stones? No \_\_\_ Yes \_\_\_ Relationship \_\_\_\_\_

Has any relative had renal (kidney) cancer? No \_\_\_ Yes \_\_\_ Relationship \_\_\_\_\_

***Social History*** What is your occupation? \_\_\_\_\_

Do you smoke tobacco? Y/N Have you ever smoked tobacco? Y/N

Do you drink alcohol? Y/N Have you ever drunk alcohol? Y/N