ProHEALTH℠ Care

All
ProHealth Care Associates Corp. 2800 Marcus Avenue
Lake Success, NY 11042
Phone: Fax:

ESTABLISHED PATIENT PACKET

Name: **DOB:** **Date:** _____

Review of Systems

Please check any symptoms you have experienced lately.

Constitutional Symptoms		
Fever	[ ] Yes	[ ] No
Chills	[ ] Yes	[ ] No
Headache	[ ] Yes	[ ] No
Gastrointestinal		
Abdominal pain	[ ] Yes	[ ] No
Constipation	[ ] Yes	[ ] No
Nausea	[ ] Yes	[ ] No
Vomiting	[ ] Yes	[ ] No
Indigestion	[ ] Yes	[ ] No
Heartburn	[ ] Yes	[ ] No

Genitourinary		
Urine infections(bladder/kidney)	[ ] Yes	[ ] No
Painful Urination	[ ] Yes	[ ] No
Blood in urine that you can see	[ ] Yes	[ ] No
Blood in urine on a urine test	[ ] Yes	[ ] No
Discharge from urine canal	[ ] Yes	[ ] No
History of Kidney stones	[ ] Yes	[ ] No
Stones in urine	[ ] Yes	[ ] No
Leak urine	[ ] Yes	[ ] No
Leak urine with cough/ Strain/laughing	[ ] Yes	[ ] No
Strong urge to urinate	[ ] Yes	[ ] No
Strong urge to urinate causing leak of urine	[ ] Yes	[ ] No
Bladder pressure	[ ] Yes	[ ] No
Frequent urination	[ ] Yes	[ ] No
Strain or push to urinate	[ ] Yes	[ ] No
Wait a long time to urinate	[ ] Yes	[ ] No
Slow urine stream	[ ] Yes	[ ] No
Interrupted urine stream	[ ] Yes	[ ] No
Dribbling of urine	[ ] Yes	[ ] No
Urine retention	[ ] Yes	[ ] No
Bladder fullness after urinating	[ ] Yes	[ ] No
Wake up at night to urinate	[ ] Yes	[ ] No

Surgical History

_____
_____
_____
_____

Medical History

_____
_____
_____
_____

Bladder Cancer
Chlamydia

Risk Factors:

Do you use Tobacco? [ ] Never [ ] Current [ ] In the past If yes amount per day_____ ( ) Cigarettes or Cigars ( ) Smokeless tobacco

Do you Drink Alcohol? Yes [ ] No [ ] If Yes, number of drinks _____ ( ) per week ( ) per day

Name: DOB:

MEDICATION LIST

ALLERGIES: No allergies recorded.

MEDICATIONS LISTED IN EMR:
DEXAMETHASONE 0.5 MG ORAL TABLET (DEXAMETHASONE) One tablet by mouth per day

MEDICATIONS (NAME AND DOSE)	ORDERING PHYSICIAN