UCA Jamesburg
Serving Central New Jersey
333 Forsgate Drive, Suite 202, Jamesburg, NJ 08831
732-561-2058

Medical History Form

Patient Name: _____ Date of Birth: _____
Reason for Visit: _____ Today's Date: _____

Current Medications and Dosage:

Allergies to Medications:

Past Medical History	Patient		Family	
	Yes	No	Yes	No
1. Kidney Stones				
2. Kidney Disease/Cancer				
3. Prostate Cancer				
4. Bladder Cancer				
5. Heart Disease				
6. Hypertension				
7. Diabetes				
8. Seizures or Strokes				
9. Lung Disease/Asthma				
10. Ulcers				
11. Phlebitis or Blood Clots				
12. Thyroid Disease				
13. Glaucoma				
14. Cancer – list type below				

Past Surgical History including Date:

Social History:		
1. Tobacco	Yes ____	No ____
How many packs per day? ____ How many years? _____		
Have you stopped? Yes _____ No _____		
2. Alcohol	Yes ____	No ____
How many drinks per day? ____		

Review of System: Are you experiencing…		Yes	No
1. Urology	Frequent Urination		
	Blood in Urine		
	Urinary Incontinence		
	Urinating at Night		
	Burning while Urinating		
	Erection or Libido Problems		
	Urinary Tract Infections		
2. Constitutional	Fever		
	Headache		
	Chills		
	Easy Bruising		
3. Cardiac	Chest Pain/Angina		
	Chest Pressure		
	Irregular Heart Beat		
	Chest Tightness		
	Palpitations		
	Chest Squeezing		
4. GI	Nausea		
	Vomiting		
	Diarrhea		
	Indigestion/Heartburn		
	Blood in Stool		
	Abdominal Pain		
	Weight Loss		
5. Neurological	Dizziness		
	Light-headedness		
	Fainting		
	Weakness of Arms or Legs		
6. Respiratory	Shortness of Breath		
	Coughing		
	Wheezing		
	Sleep Apnea		
7. Muscular	Swelling of Legs		
	Swelling of the Joints		
	Pain While Walking		
8. Gynecological	Menopause		
	Pregnant		

Additional Comments: