

Mansoor Karamooz, M.D.
URO Plus Center

Name: _____
Date: _____ Age: _____
Referred by: _____

UROLOGICAL HISTORY FORM

Main reason for today's visit: _____

List any Medications you are now taking: _____

List Allergies: _____

Please circle the appropriate response:

Yes No Do you urinate frequently during the day? How many times per day?

Yes No Do you have to wake up a night to urinate? If Yes, how many times, average?

Yes No Is your urinating stream slower, weak, or dribbling?

Yes No Do you have any pain or burning sensation when you urinate?

Yes No Do you often get an urgent need to urinate immediately?

Yes No Do you ever lose urinary control and wet your underwear or bed?

Yes No Do you leak urine when you cough, sneeze or stand up quickly?

Yes No Have you had any bladder or kidney infections? How often?

Yes No Have you seen blood in your urine, or tea-colored urine?

Yes No Have you ever had kidney or bladder stones? When?

Yes No Have you ever had a heart attack? If so, When?

Yes No Do you get chest pains or shortness of breath? How often?

Yes No Are you diabetic? Yes No Have you ever had a stroke?

Yes No Do you now or have previously smoked cigarettes? How much daily?

Yes No Do you drink beer, wine, or alcohol? If so, how much daily? _____

Yes No Any family members with prostate, kidney or bladder cancer? Please list any type of cancer in the family and the member involved: _____

List any previous surgery you had: _____

List any medical problems or conditions you have not described above: _____

Questions for men only:

Yes No Have you ever had prostatitis or a prostate infection?

Yes No Do you experience any problems or difficulties with erections?

Yes No Do you have any pain, lumps, or swelling in the testicles?

MANSOOR KARAMOOZ, M.D. F.A.C.S.
421 EAST ANGELENO AVENUE #202
BURBANK, CALIFORNIA 91501

URO-PLUS CENTER
MANSOOR KARAMOOZ, M.D.
16661 Ventura Blvd., #822
Encino, CA 91436
Tel: (818) 728-1400
Fax: (818) 728-1500