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: _____

Primary Policy Holder Birthdate: _____ Secondary Policy Holder Birthdate: _____

Who is responsible for your bill?

Name: _____ Birthdate: _____

Relationship to patient: _____ SSN: _____

Address: _____ Email: _____

Home Phone: _____ Cell Phone: _____

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 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.

By supplying my home phone number, cell phone number, email address and any other contact information, I authorize EAUA to employ third-parties (live, or automated outreach and messaging) for the purpose of notifying me of a pending appointment, a missed appointment, balance due on my account and any collections balance. I consent to allowing detailed messages being left on my voicemail, answering system, or with another individual, if I am unavailable at the number provided by me.

Signature: _____ **Date:** _____

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

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