

# Swedish Urology Group, PC

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## Patient Update Form

To ensure the highest quality of health care, our physicians request that you complete this patient update form for **each visit** to our office. If you have not been seen in our office for over a year, please complete the Patient Health History and Registration Forms and bring your current insurance card to your visit.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Name Last Name*

Note: This is a confidential record and will be kept as part of your chart. Information provided here will not be released to anyone without your authorization to do so.

### CURRENT PROBLEM: In your own words, what brings you to the office today?

#### MEDICATION LIST UPDATE – Changes since your last visit

Medication Name	Dosage	Date started
Medication Name	Dosage	Date started

Medication Name	Dosage	Date started
Medication Name	Dosage	Date started

#### MEDICATION ALLERGIES – Changes since your last visit

Medication Name	Reaction
Medication Name	Reaction

#### NEW DIAGNOSIS or SURGERY – Since your last visit

Diagnosis or Surgery	Date
Diagnosis or Surgery	Date

### Have you had any of the following in the last six months? Please check “yes” or “no” for each.

#### General

- Y  N  fevers
- Y  N  chills
- Y  N  sweats
- Y  N  anorexia
- Y  N  fatigue
- Y  N  malaise
- Y  N  weight loss

#### Respiratory

- Y  N  cough
- Y  N  shortness of breath
- Y  N  excessive sputum
- Y  N  bloody sputum
- Y  N  wheezing

#### Cardiovascular

- Y  N  chest pains
- Y  N  palpitations
- Y  N  dizziness/syncope
- Y  N  shortness of breath
- Y  N  short of breath lying down
- Y  N  sudden nighttime breathlessness
- Y  N  ankle swelling

#### Gastrointestinal

- Y  N  nausea
- Y  N  vomiting
- Y  N  diarrhea
- Y  N  constipation

- Y  N  change in bowel habits
- Y  N  abdominal pain
- Y  N  black or tarry stools
- Y  N  red blood in the stools
- Y  N  jaundice

#### Genitourinary (MEN ONLY)

- Y  N  getting up at night to urinate
- Y  N  frequent urination
- Y  N  urgent need to urinate
- Y  N  urethral pain on voiding
- Y  N  difficulty starting stream
- Y  N  slowing of urine stream
- Y  N  intermittent urine stream
- Y  N  feeling bladder doesn't empty completely
- Y  N  incontinence
- Y  N  blood in the urine
- Y  N  urethral discharge
- Y  N  testicular pain
- Y  N  difficulty with erections
- Y  N  decreased libido
- Y  N  vasectomy

#### Genitourinary (WOMEN ONLY)

- Y  N  urethral pain on voiding
- Y  N  frequent urination
- Y  N  urgent need to urinate
- Y  N  difficulty starting stream
- Y  N  slowing of stream
- Y  N  intermittent stream
- Y  N  feeling bladder doesn't empty completely
- Y  N  urine leak with laugh, cough or strain
- Y  N  leak with urge to urinate
- Y  N  getting up at night to urinate
- Y  N  blood in the urine
- Y  N  urethral discharge
- Y  N  pelvic pain
- Y  N  vaginal discharge
- Y  N  vaginal bleeding (non-menstrual)
- Y  N  labial soreness
- Y  N  bladder dropping