S

		Ţ	Date:
Southeast Texas Urol	ogy Associates, L.L.P.	Referring/Primary Physi	cian:
Name:		Social Security #:	
Mailing Address:			
City:		State:	Zip:
Date of Birth:	Gender: M	/ F Marital Status (circ	cle one) S M D W
Race:	Ethnicity:	Preferred	Language:
Home #:	Work #:	Cell #: _	
Email:			
Do you want access to yo	our patient portal? Y N		
Emergency Contact: Na	ame:	Relationship	:
Address:		Phone	#:
City:		State:	Zip:
May the physician disc	cuss your medical history with thi	s person? Y N	
Emergency Contact (2):	: Name:	Relation	ship:
Phone #:			
May the physician disc	cuss your medical history with thi	s person? Y N	
Responsible Party Infor	mation (if different from patier	nt):	
Name:		F	Relationship:
Date of Birth:		Phone#:_	
Address:			
			Zip:
Insurance Information:			
Primary Insurance Cor	mpany:		
	Company:		

I authorize all medical and/or surgical treatment to be rendered by Dr. J. Denton Harris, Dr. John Henderson, Dr. Steven A. Socher, Dr. Jenny Nguyen, Benjamin Strahan, FNP-C and Anthony Scoggins, ACNP-BC and I assume financial responsibility. I assign all benefits to be paid to Southeast Texas Urology Associates - Dr. J. Denton Harris, Dr. John Henderson, Dr. Steven A. Socher, Dr. Jenny Nguyen, Benjamin Strahan, FNP-C and Anthony Scoggins, ACNP-BC under my medical Insurance Program and give my authorization to release records if necessary, including DX and treatment to Insurance Company, physicians, etc. I understand that I am entitled to receive a copy of my medical records.

It will be my responsibility to call for results and all lab and x-rays through this office if not informed in a timely manner.

Signature			

Signature

	cie) NL	W PATIENT	FOLLOV	VUP		
Dationt Names					DOR:	Age:
Patient Name: Weig	.,				ров	Age
Reason for today's visit:		-			··., • • · · · · · · ·	
						
How long have you had	these sympto	oms?	· · · · · · · · · · · · · · · · · · ·		. , , ,	
						Mail Order:
2. Are you presently taking	ng: (Circle)	•			=	nage
		Inhalers - Ticlid				
3. Have you had a: (Circle One)		Heart Attack Yes/No Stroke Yes/No Diabetes Yes/No Emphysema/Asthma Yes/No				
4 OJ M P 15 11						
4. Other Medical Problem	ns					
5. List previous surgeries						
6. Allergies		•	•			
Family History of: (Ple	ease Circle)				. —	
Ovarian Cancer Yes/N	No	Kidney Cancer	Yes/No		Bladder Ca	ncer Yes/No
Kidney Stones Yes/N	0	Kidney Problem	s Yes/No		Diabetes \	/es/ No
7. Occupation:						
8. Tobacco Use: (Please				Dipping/C	Chewing Yes	'No
					=	lid you smoke:
9. Do you drink Alcohol						
10. Pneumonia Immuniza				-		
		Circle) ICSII		17		
11. Last colonoscopy?			10 WIICI	1?		
11. Last colonoscopy?		<u></u>	10 Wile	1?		
se Circle Yes or No to E	ach Sympto					
se Circle Yes or No to E Fever	ach Sympto Y/N Urethr	m al Discharge	,	Y/N Blind		
se Circle Yes or No to E Fever Chills	ach Sympto: Y/N Urethr Y/N Blood i	m al Discharge in Urine	,	Y/N Blind Y/N Hearii	ng Loss	
se Circle Yes or No to E Fever Chills Weight Loss	ach Sympto: Y/N Urethr Y/N Blood i Y/N Leakin	m al Discharge in Urine g of Urine	,	Y/N Blind Y/N Hearii Y/N Nasal	ng Loss Stuffiness	
se Circle Yes or No to E Fever Chills	ach Sympto Y/N Urethr Y/N Blood i Y/N Leakin Y/N Urgend	m al Discharge in Urine g of Urine cy to Void	,	Y/N Blind Y/N Hearii	ng Loss Stuffiness Jouth	
se Circle Yes or No to E Fever Chills Weight Loss Weight Gain	ach Sympto: Y/N Urethr Y/N Blood i Y/N Leakin	m al Discharge in Urine g of Urine cy to Void g at Night		Y/N Blind Y/N Hearii Y/N Nasal Y/N Dry M	ng Loss Stuffiness Jouth	
se Circle Yes or No to E Fever Chills Weight Loss Weight Gain Night Sweats	ach Sympton Y/N Urethr Y/N Blood i Y/N Leaking Y/N Urgenon Y/N Voiding	m al Discharge in Urine g of Urine cy to Void g at Night	,	Y/N Blind Y/N Hearii Y/N Nasal Y/N Dry M Y/N Sore T Y/N Rash	ng Loss Stuffiness Jouth Throat	
se Circle Yes or No to E Fever Chills Weight Loss Weight Gain Night Sweats Malaise (feeling poorly)	ach Sympto: Y/N Urethr Y/N Blood i Y/N Leaking Y/N Urgend Y/N Voiding Y/N Slow S Y/N Difficu	m al Discharge in Urine g of Urine cy to Void g at Night tream	m	Y/N Blind Y/N Hearii Y/N Nasal Y/N Dry M Y/N Sore T	ng Loss Stuffiness Iouth Throat	
se Circle Yes or No to E Fever Chills Weight Loss Weight Gain Night Sweats Malaise (feeling poorly) Abdominal Pain	ach Sympton Y/N Urethr Y/N Blood in Y/N Leaking Y/N Urgenon Y/N Voiding Y/N Slow Sing Y/N Difficu Y/N Incomp	m al Discharge in Urine g of Urine cy to Void g at Night tream	m f Bladder	Y/N Blind Y/N Hearii Y/N Nasal Y/N Dry M Y/N Sore T Y/N Rash Y/N Dry Sk	ng Loss Stuffiness Jouth Throat kin	
se Circle Yes or No to E Fever Chills Weight Loss Weight Gain Night Sweats Malaise (feeling poorly) Abdominal Pain Constipation	ach Sympton Y/N Urethr Y/N Blood in Y/N Leaking Y/N Urgenon Y/N Voiding Y/N Slow Sin Y/N Difficu Y/N Incomp	m al Discharge in Urine g of Urine cy to Void g at Night tream lty Starting Strear	m f Bladder	Y/N Blind Y/N Hearii Y/N Nasal Y/N Dry M Y/N Sore T Y/N Rash Y/N Dry Sk Y/N Bruisi	ng Loss Stuffiness louth Throat kin ng	
Fever Chills Weight Loss Weight Gain Night Sweats Malaise (feeling poorly) Abdominal Pain Constipation Diarrhea	ach Sympton Y/N Urethr Y/N Blood in Y/N Leaking Y/N Urgenon Y/N Voiding Y/N Slow Sin Y/N Difficu Y/N Incomp Y/N Masses Y/N Strainin	m al Discharge in Urine g of Urine cy to Void g at Night tream lty Starting Stream plete Emptying of s Protruding from	m f Bladder	Y/N Blind Y/N Hearii Y/N Nasal Y/N Dry M Y/N Sore T Y/N Rash Y/N Dry Sk Y/N Bruisii Y/N Lesior Y/N Dizzin	ng Loss Stuffiness Jouth Throat kin ng ns/Ulcers ess	
Fever Chills Weight Loss Weight Gain Night Sweats Malaise (feeling poorly) Abdominal Pain Constipation Diarrhea Nausea	ach Sympton Y/N Urethr Y/N Blood in Y/N Leaking Y/N Urgenon Y/N Voiding Y/N Slow Sin Y/N Difficu Y/N Incomp Y/N Masses Y/N Strainin Y/N Burnin	m al Discharge in Urine g of Urine cy to Void g at Night tream lty Starting Strear plete Emptying of s Protruding from ng to Urinate	m f Bladder	Y/N Blind Y/N Hearii Y/N Nasal Y/N Dry M Y/N Rash Y/N Dry Sk Y/N Bruisii Y/N Lesior Y/N Dizzin Y/N Forge	ng Loss Stuffiness Jouth Throat sin ng ns/Ulcers ess tfulness	
Fever Chills Weight Loss Weight Gain Night Sweats Malaise (feeling poorly) Abdominal Pain Constipation Diarrhea Nausea Vomiting	ach Sympton Y/N Urethr Y/N Blood in Y/N Leaking Y/N Urgenon Y/N Voiding Y/N Slow Sin Y/N Difficu Y/N Incomp Y/N Masses Y/N Strainin Y/N Loss of	m al Discharge in Urine g of Urine ty to Void g at Night tream lty Starting Stream plete Emptying of s Protruding from ng to Urinate g with Urination	m f Bladder	Y/N Blind Y/N Hearii Y/N Nasal Y/N Dry M Y/N Sore T Y/N Rash Y/N Dry Sk Y/N Bruisii Y/N Lesior Y/N Dizzin	ng Loss Stuffiness Jouth Throat sin ng ns/Ulcers ess tfulness ines	
Fever Chills Weight Loss Weight Gain Night Sweats Malaise (feeling poorly) Abdominal Pain Constipation Diarrhea Nausea Vomiting Swelling of Legs	ach Sympton Y/N Urethr Y/N Blood in Y/N Leaking Y/N Urgenon Y/N Voiding Y/N Slow Sin Y/N Difficu Y/N Incomp Y/N Masses Y/N Strainin Y/N Loss of Y/N Painful	m al Discharge in Urine g of Urine cy to Void g at Night tream lity Starting Stream plete Emptying of s Protruding from ng to Urinate g with Urination	m f Bladder	Y/N Blind Y/N Hearin Y/N Nasal Y/N Dry M Y/N Rash Y/N Bruisin Y/N Lesion Y/N Forge Y/N Migra	ng Loss Stuffiness Jouth Throat sin ng ns/Ulcers ess tfulness ines	
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Fever Chills Weight Loss Weight Gain Night Sweats Malaise (feeling poorly) Abdominal Pain Constipation Diarrhea Nausea Vomiting Swelling of Legs Chest Pain Irregular Heartbeat Vaginal Bleeding	ach Sympton Y/N Urethr Y/N Blood in Y/N Leaking Y/N Urgenon Y/N Voiding Y/N Slow Sin Y/N Difficu Y/N Incomp Y/N Masses Y/N Strainin Y/N Burnin Y/N Loss of Y/N Painful Y/N Back Po Y/N Sore N Y/N Arthrit	m al Discharge in Urine g of Urine cy to Void g at Night tream lty Starting Stream plete Emptying of s Protruding from ng to Urinate g with Urination Sexual Interest Intercourse ain/Surgery luscles is	m f Bladder	Y/N Blind Y/N Hearin Y/N Nasal Y/N Dry M Y/N Sore T Y/N Rash Y/N Bruisin Y/N Lesior Y/N Forge Y/N Migra Y/N Loss of Y/N Depre Y/N Swolle Y/N Bleed	ng Loss Stuffiness Jouth Throat Sin Ing Ins/Ulcers Ins	
Fever Chills Weight Loss Weight Gain Night Sweats Malaise (feeling poorly) Abdominal Pain Constipation Diarrhea Nausea Vomiting Swelling of Legs Chest Pain Irregular Heartbeat Vaginal Bleeding Kidney (flank) Pain	ach Sympton Y/N Urethr Y/N Blood in Y/N Leaking Y/N Urgend Y/N Voiding Y/N Slow Sin Y/N Difficu Y/N Incomp Y/N Masses Y/N Strainin Y/N Burnin Y/N Loss of Y/N Painful Y/N Back Poy/N Sore M	m al Discharge in Urine g of Urine cy to Void g at Night tream lty Starting Stream plete Emptying of s Protruding from ng to Urinate g with Urination Sexual Interest Intercourse ain/Surgery luscles is	m f Bladder n Vagina	Y/N Blind Y/N Hearin Y/N Nasal Y/N Dry M Y/N Sore T Y/N Bruisin Y/N Dizzin Y/N Forge Y/N Migra Y/N Loss o Y/N Depre Y/N Swolle Y/N Bleed Y/N Blood	ng Loss Stuffiness Jouth Throat kin ng ns/Ulcers ess tfulness ines ines if Balance ession en Glands s Easily Clots	
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Fever Chills Weight Loss Weight Gain Night Sweats Malaise (feeling poorly) Abdominal Pain Constipation Diarrhea Nausea Vomiting Swelling of Legs Chest Pain Irregular Heartbeat Vaginal Bleeding Kidney (flank) Pain Shortness of Breath Pelvic Pain	ach Sympton Y/N Urethr Y/N Blood in Y/N Leaking Y/N Urgenon Y/N Voiding Y/N Slow Si Y/N Difficu Y/N Incomp Y/N Masses Y/N Strainin Y/N Burnin Y/N Loss of Y/N Painful Y/N Back P Y/N Sore M Y/N Arthrit Y/N Hepati Y/N Reflux	m al Discharge in Urine g of Urine cy to Void g at Night tream lty Starting Stream plete Emptying of s Protruding from ng to Urinate g with Urination Sexual Interest I Intercourse ain/Surgery luscles is tis	m f Bladder n Vagina	Y/N Blind Y/N Hearin Y/N Nasal Y/N Dry M Y/N Sore T Y/N Bruisin Y/N Dizzin Y/N Forge Y/N Migra Y/N Loss o Y/N Depre Y/N Swolle Y/N Bleed Y/N Blood	ng Loss Stuffiness Jouth Throat Kin Ing Ins/Ulcers Ines If Balance Inside Silv Inside Sil	