

**The Urology Group, P.C.
Medical Questionnaire**

❖ What is your chief complaint for being here today and how long have you experienced this?

❖ List all medications (OTC or Prescriptions) and the dosage you are currently taking:

❖ Please list any allergies you have (medical, food, or latex):

❖ Please list all past surgeries and surgery date's to the best of your knowledge:

❖ Please list any past medical conditions that you may have or have been diagnosed with and the physicians that have treated you:
