Valley Urologic Associates

NEW PATIENT HISTORY AND PHYSICAL FORM

Date: _____
Name_____
Date of Birth: _____Age _____
Primary care Pediatrician: _____

Past Medical and Surgical History (Please fill out completely)

Does your child have any known drug **allergies**: ☐ No Known Drug Allergies

☐ Amoxicillin ☐ Sulfa ☐ Keflex/Cefazolin ☐ Tylenol #3 ☐Ditropan/Oxybutinin ☐ Nitrofurantoin

Other Allergies: _____

Please detail the child's **prenatal history**:

How many pregnancies : _____ Live births: _____ Child's birth weight: _____ Born at _____ weeks

Problems During Pregnancy (Mother): ☐ None

☐ Gestational Diabetes ☐ High Blood Pressure ☐ Preeclampsia ☐ Maternal hydronephrosis
☐ Seizures ☐ Pyelonephritis ☐ Hyperthyroidism ☐ Drug abuse

Please list any **medical problems** that have been treated for your child: ☐ None

☐ Seizures ☐ ADD/Hyperactivity ☐ Diabetes ☐ Pneumonia/CF ☐ Asthma
☐ Gastric Reflux ☐ High blood pressure ☐ Congenital Heart Disease ☐ Adrenal problems ☐ UTIs
☐ UPJ obstruction ☐ Vesicoureteral Reflux ☐ Undescended Testes ☐ Hypospadias ☐ Hepatitis
☐ Failure to Thrive ☐ Prenatal hydronephrosis ☐ Spina Bifida ☐ Cancer (Type _____)

Please list all the child's past **surgeries** : ☐ None

☐ Appendectomy ☐ Tonsillectomy ☐ Ear Tubes ☐ Hypospadias Repair
☐ Circumcision ☐ UPJ Repair ☐ Hernia Location _____ ☐ Spinal Surgery
☐ Kidney ☐ R ☐ L ☐ Testis Torsion ☐ R ☐ L ☐ Cleft Lip/Palate ☐ Cranial Surgery
☐ Orthopedic ☐ Bowel resection ☐ Open Heart Defect Repair ☐ Urologic Reconstruction

Please list all of your child's current **medications:** (include name, dosage, and how many times a day) ☐ None

Patient Name _____ DOB _____ AGE _____ DATE _____

PHYSICIAN SIGNATURE _____

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Please detail your child's **social** history:

Child lives: ☐ At Home ☐ Foster Home ☐ Facility _____

Child lives with: ☐ Father ☐ Mother ☐ Guardian/Relative ☐ Siblings/ How many _____

Child attends school: ☐ Yes ☐ No What time home from school _____

Any Family Medical Problems: _____

Please detail your **family** history: (any disease that your parents, grandparents, or siblings have had)

☐ Vesicoureteral Reflux ☐ UPJ Obstruction ☐ Congenital Heart Disease ☐ Hypospadias

Review of systems (please check any ***new*** symptoms that you have recently had)

Genitourinary ☐Urinary Tract Infections ☐ With Fever ☐Pain with urination ☐Blood in the urine ☐Toilet Trained ☐Urination at night ; No. _____ of times ☐Bedwetting ☐Incontinence of urine during the day **Constitutional** ☐Fever ☐Chills ☐Headaches **Integumetary** ☐Frequent rashes ☐Boils ☐Persistent itch **Gastrointestinal** ☐Diarrhea ☐Nausea/Vomiting ☐Constipation	**Musculoskeletal** ☐Back pain/surgery ☐Muscle disorder ☐Joint disorder **Sight/Sound** ☐Blurred vision/glasses ☐Glaucoma ☐Loss of hearing **Pulmonary** ☐Wheezing ☐Frequent Cough ☐Shortness of breath **Endocrine** ☐Excessive Thirst ☐Hot/Cold ☐Excessive urination **Ear/Nose/Throat** ☐Ear infections ☐Sinus infections ☐Difficulty Swallowing	**Circulatory** ☐Chest pain ☐Turning Blue ☐Palpitations **Neurological** ☐Learning Problems ☐Seizures ☐Falling a lot **Hematologic/Lymphatic** ☐Swollen Lymph glands ☐Bleeding disorder ☐Immune disorder (HIV)

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FOR PHYSICIAN USE ONLY

Chief Complaint:_____

HPI: _____

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PHYSICAL EXAM

VITALS: HR _____ TEMP _____ RR _____ BP _____ GENERAL: _____

PSYCHIATRIC: Normal Orientation ☐ Normal Mood ☐ Other _____

HEAD: Atraumatic ☐ Normocephalic ☐ EYES: PERRLA ☐ Other _____

NECK: Symmetric ☐ Thyromegaly ☐ Other _____

LYMPHATIC: Lyphadenopathy - Supraclavicular N ☐ Inguinal N ☐ Neck N ☐ Other _____

CHEST:: Symmetric ☐ CTA bilaterally ☐ Other _____

CORONARY: Regular Rate ☐ Regular Rhythm ☐ Other _____

EXTREMITIES: Cyanosis N☐ Edema N☐ Other _____

ABDOMEN: Soft ☐ Non-Tender ☐ Other_____

NEUROLOGICAL: Grossly Non Focal ☐ ☐ Spina Bifida L/S Cutaneous Lesion _____

GENITOURINARY MALE: TANNER STAGE ☐ I ☐ II ☐ II-III ☐ III ☐ III-IV ☐ IV-V ☐ V

Penis: ☐ Phimosis ☐ Circumcised ☐ Adhesions Stretched Penile Length _____ Girth ____ ☐ Webbed ☐ Buried

Hypospadias _____ ☐ Chordee ☐ Epispadias Urethral Meatus Patent Y ☐ N☐

Testes: Descended R ☐ L☐ Masses R ☐ L☐ Retractile ☐ R ☐ L Scrotum Development ☐ Right ☐ Left

Epididymis: Masses R ☐ L ☐ _____ Varicoceles: ☐ R Grade: ____ ☐ L Grade _____

GENITOURINARY FEMALE: TANNER STAGE ☐ I ☐ II ☐ II-III ☐ III ☐ III-IV ☐ IV-V ☐ V

External Genitalia Female ☐ Urethal Meatus Patent ☐ ☐Prolapsed Other _____

Vestibule: ☐ Discharge Hymen: ☐ Imperforate Introitus: _____

Vaginal: Mass ☐ Bleeding ☐ Adhesions ☐ Other _____

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FOR PHYSICIAN USE ONLY – PREVIOUS LABS/ IMAGING

LABS: IMAGING:

FOR PHYSICIAN USE ONLY – DIAGNOSIS

Primary Diagnosis : _____ Quarternary Diagnosis: _____

Secondary Diagnosis: _____ Pentanary Diagnosis: _____

Tertiary Diagnosis: _____ Sextanary Diagnosis: _____

FOR PHYSICIAN USE ONLY – ORDERS

- ☐ BMP
- ☐ CBC
- ☐ PT/ INR
- ☐ Urinalysis and Culture
- ☐ STD Urine GC/Chlamydia PCR
- ☐ MRI Lumbosacral Spine
- ☐ VCUG
- ☐ KUB
- ☐ Renal Ultrasound
- ☐ Scrotal Ultrasound
- ☐ Nuclear DMSA Renal scan
- ☐ Nuclear MAG 3 Renal Scan w/ Lasix
- ☐ CT scan without contrast
- ☐ CT scan without and with contrast
- ☐ Office U/S
- ☐ Urodynamics Studies
- ☐ Voiding Diary
- ☐ Timed Voiding Program
- ☐ Neurosurgery Consultation
- ☐ Pediatric Surgery Consultation
- ☐ Pediatric Nephrology Consultation
- ☐ Other _____
- ☐ Other _____

FOR PHYSICIAN USE ONLY – NOTES

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