

Donald L. Lamm, MD, FACS
Bladder Cancer
Genitourinary Oncology

BCG Oncology, PC

16620 N 40th St., Suite E
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**New Patient History
Testis**

Name: _____

DOB: _____

Referred by: _____

Phone: _____

Date of Onset: _____

Initial symptom/reason for visit:

Current Symptoms: (Circle "N" for No and "Y" for Yes)

Scrotal Swelling? N Y
Is the swelling increasing? N Y
Painful? N Y
Associated Symptoms? _____

Pain with Urination? N Y

Previous undescended
testis? N Y

Hernia? N Y

Pain? N Y

Location: _____
Intensity from 1 to 10? _____ Relieved by? _____

Shortness of breath? N Y

Abdominal swelling or mass? N Y

Appetite?(Please circle) Normal Decreased Increased

Weight loss or gain? N Y How many pounds? _____ in the past _____ months.

Energy? Normal Decreased Increased

Lumps or bumps anywhere? N Y

Swelling of ankles? N Y

Do you have:

Visible blood in the urine? N Y Do you have clots? N Y

Cramping back or
abdominal pain? N Y Intensity from 1 to 10? _____ Relieved by? _____

Burning with urination? N Y Intensity from 1 to 10? _____ Relieved by? _____

Other related pain? N Y Intensity from 1 to 10? _____ Relieved by? _____

Frequency of urination? N Y Every _____ hours or _____ times a day

Urination at night? N Y Number of times a night _____

Decrease force of stream? N Y

Leakage of urine? N Y Pads? N Y Number per day _____

History of kidney stones? N Y Dates _____ Side? L R

Erections N Y

Other related problems?

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Previous Surgery or Cystoscopy? _____ Dates: _____

Previous PSA tests? _____ Value: _____ Dates: _____

Previous Prostate biopsy? N Y Date/result

Previous Treatments:

Recent Xray Studies? _____ Date/Result: _____

Bone Scan? N Y Date/Results _____

CT? N Y Date/Results _____

MRI? N Y Date/Results _____

Activity:

Fully active? N Y

Limited In bed? N Y Less than ½ the time N Y More than ½ the time N Y

Confined to bed? N Y

Exposure to Cancer Causing Agents (Carcinogens)

Tobacco:

Never Yes Quit Date: _____

Maximum number of cigarettes/ day: _____

Pipe: N Y Cigars: N Y Chew/Snuff: N Y

Family History of Cancer? Bladder, Kidney, or Prostate Disease?

Other related problems?

Past Medical History

Describe Your General Health:

Illnesses:

Asthma	Diabetes	Heart Disease
Kidney Disease	Pneumonia	TB
Other:		

Allergies:

Medicines/Dose:

Immunizations:

Past Surgical History: (Please List Procedures and Dates)

Systems Review: (please circle if present)

Normal Weight: _____ Height: _____ Constitutional: fever chills
 Eyes: Lenses Blurring Double Spots
 Ears: Ringing Decreased Hearing
 Nose/Throat: Sinuses Swallowing
 Cardiovascular: Shortness of Breath Chest Pain Ankle Swelling Calf Pain Irregular Heart Beat
 I can climb ___ flights of stairs without stopping.
 Respiratory: Cough Blood in Sputum Wheezing
 Gastrointestinal: Nausea Vomiting Constipation Diarrhea Blood in Stool Belly Pain Heartburn
 Genitourinary: Discharge Bleeding Sexual Problems
 Musculoskeletal: Pain or Stiffness in Bones or Joints Muscle Pain or Weakness
 Psychiatric: Depression Memory Loss Personality Change
 Neurologic: Numbness Tingling Shooting Pains Weakness Seizures Loss of Consciousness
 Dermatologic: Rash Itching Growths/Changes in Moles
 Endocrine: Heat or Cold Intolerance Increased Thirst Lack of Energy Slow Healing
 Hematologic/Lymphatic: Increased Bruising Bleeding Node Swelling
 Allergic/Immunologic: Rashes Allergies Itching; Hives
 Family History of: Diabetes Heart Kidney, Bladder or Prostate Disease Bleeding Disorders Cancer

Family History:	Living/Age	Deceased/Age	Illnesses
Father			
Mother			
Brother(s)			
Sister(s)			
Children			

Social History: (* optional)

Occupation: _____
 *Marital Status: _____
 *Activity: I exercise vigorously _____ times per week
 I sleep about _____ hours in 24
 *Diet: I eat _____ servings of vegetables or fruit per day.
 I have red meat _____ times per week; fish _____ times per week
 I have salad _____ times per week
 I eat fast food ___+___ and restaurant food _____ times per week.
 My favorite food is: _____
 Alcohol: N Y _____ drinks per week
 Tobacco: N Y _____
 *Hobbies: _____
 *Recent Foreign Travel: _____
 *Religious Preference: _____