

SOUTHERN NEW MEXICO MEDICAL ASSOCIATION, PA
303 West Country Club Road Roswell, New Mexico 88201
575-623-1442 office 575-623-3835 fax

Dr. James Morgan III

Date: _____

Patient Name – First: _____ Last: _____

Referring Physician: _____

SOCIAL HISTORY

Age: _____ Marital Status: _____

Occupation: _____ # of Children: _____

FAMILY HISTORY

Family member: Living Deceased Age @ death Cause of death

Father _____

Mother _____

Brother/Sister _____

Husband/wife _____

Son/Daughter _____

MEDICAL HISTORY

List any illness such as diabetes, elevated blood pressure, arthritis, COPD/emphysema, etc.

SURGICAL HISTORY

History of surgical procedures	Yes	No
Past surgeries: _____	Date _____	
_____	Date _____	
_____	Date _____	
_____	Date _____	
_____	Date _____	

Comments _____

UROLOGY SYSTEM REVIEW

Genito-Urinary:

1. Blood in urine Yes No How long: _____

2. Frequent urination Yes No How long: _____

3. Painful urination Yes No How long: _____

4. No Problems: _____

OVER

Male only:

- | | | | |
|-------------------------|-------|----|-----------------|
| 1. Erectile dysfunction | Yes | No | How long: _____ |
| 2. Lump in testicles | Yes | No | How long: _____ |
| 3. Penis discharge | Yes | No | How long: _____ |
| 4. Sore on penis | Yes | No | How long: _____ |
| 5. No Problems: | _____ | | |

SYSTEM REVIEW

Please describe problems with the following; if no problems present, please write "NONE"

1. Head, Eyes, Ears, Nose and Throat: _____
2. Lungs: _____
3. Heart: _____
4. Kidneys, Bladder: _____
5. Gastrointestinal-Stomach, colon (bowels): _____
6. Muscles, Bones and Joints (arthritis, etc) _____
7. Neurological Conditions (stroke, etc) _____
8. Endocrine Conditions (thyroid, etc) _____
9. Psychiatric Conditions (depression, panic attacks, schizophrenia, etc) _____

I have utilized this medical information as part of the patient consultation:

Provider signature