



## **Review of Symptoms for Urology Patients**

Patient Name		MRN	
Referring MD		Primary Care MD	
Th	is list shows many signs of possible health probl	ems. Please put a check mark next to any symptoms that you have.	
General Changes		Genital/Urinary Issues	
	Weight changes	☐ Incontinence or urine leakage	
	Appetite changes	☐ Urinary symptoms	
	Activity level changes	☐ Blood in urine	
	Fevers or chills	<ul> <li>Pain or burning feeling when urinating</li> </ul>	
	Fatigue	<ul> <li>Pain on back or side between ribs and hip bone</li> </ul>	
	Night sweats	☐ Sores on genitalia	
		☐ Swelling of genitalia	
Ca	rdiovascular Issues	□ Pain in genetalia	
	Chest pain		
	Irregular heartbeat	Neurological Issues	
	Swelling in legs	□ Dizziness	
		☐ Numbness or tingling	
Gastrointestinal Issues		☐ Light-headedness	
	Pain in abdomen		
	Bloating in abdomen	Skin Changes	
	Constipation	□ Rashes	
	Diarrhea		
	Nausea	Body Aches	
	Vomiting	☐ Pain in joints	
	Blood in bowel movements	☐ Pain in back	
	Heartburn	☐ Pain in muscles	
Respiratory Issues		Hematological Issues	
	Shortness of breath with normal activity	☐ Easy bruising or bleeding	
	Wheezing	☐ Blood clotting problems	
	Cough		
F. L. C. L. C.		Mental and Emotional Issues	
Endocrine Issues		☐ Depression	
	Inability to tolerate heat or cold	☐ Anxiety	
	Unusual thirst	☐ Memory loss	