

**Barnes Urology**  
**William F. Barnes, MD PC**  
4200 S. Douglas Ave. Suite 200 OKC, OK 73109  
Phone: (405)644-5175 Fax: (405)644-5176  
**PATIENT MEDICAL HISTORY QUESTIONNAIRE**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

**Marital Status:** Married Single Divorced Widowed **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Race:** American Indian/Alaska Native Asian Black or African American Caucasian Eskimo  
Hispanic or Latino Native Hawaiian or Pacific Island Unknown

**Ethnicity:** Hispanic or Latino Not Hispanic or Latino

Why are you seeing the Doctor today? \_\_\_\_\_

Please List all Allergies: \_\_\_\_\_

List All Current Medications with dosage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List All Surgeries/Hospitalizations & years performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all of your Current Medical Conditions & onset dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Family History of Illness or Disease \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you or have you used tobacco products: Cigarettes Cigars Smokeless Tobacco Pipe

How long have you been using the above? \_\_\_\_\_ How much per day? \_\_\_\_\_

If you no longer use tobacco products, when did you quit, how long & how much per day? \_\_\_\_\_

Do you consume alcohol? No Yes What type of Alcohol? Wine Beer Liquor

How much and how often do you consume alcohol? \_\_\_\_\_

Do you consume caffeinated products? Coffee Tea Soda How much per Day? \_\_\_\_\_

Any Other pertinent information we should be made aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS FORM MUST BE SIGNED AND DATED BY PATIENT OR LEGAL GUARDIAN OF MINOR