



Howard Leitner & Perlmutter UROLOGIC ASSOCIATES

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Patient History

Urologic Surgical History:

Procedure	Side (R,L)	Date	Surgeon/Where Performed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Surgical History:

Procedure	Side (R,L)	Date	Surgeon/Where Performed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Urologic Medical History:

Diagnosis	Side (R,L)	Date	Current Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Medical History:

Diagnosis	Side (R,L)	Date	Current Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family History:

Condition	All People Affected:
_____	_____
_____	_____
_____	_____

Social History:

Married Single Divorced Widowed Separated
 How many children do you have? _____
 Do you currently smoke? _____ If yes, packs per day? _____ For how many years? _____
 Did you ever smoke? _____ If yes, packs per day? _____ For how many years? _____
 When did you quit? _____

Do you currently drink alcohol? _____ If yes, how much? _____
 Beer Wine Liquor Social Light Moderate Heavy

Did you ever drink alcohol? _____ If yes, when did you quit? _____
 For how many years? _____ How much did you drink? _____

How many caffeinated drinks do you have each day? _____