Northwest Suburban UROLOGISTS

900 E. Rand Rd.
Des Plaines, IL 60016
Tel: 847.823.3185

Patient Name: _____ Date of Birth: _____

ALLERGIES: _____

INITIAL VISIT MEDICATIONS

Please list all prescription medications, herbal remedies, and over the counter medications that you are currently taking. For example: Aspirin, Tylenol, glucosamine, vitamins, etc.

To be updated by medical staff

FOLLOW UP MEDICAL HISTORY

DATE OF VISIT	NEW MEDICATIONS (STARTED OR STOPPED)	NEW MEDICAL PROBLEMS OR SURGERIES