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UROLOGY INSTITUTE OF THE SOUTH BAY A Medical Group
A Division of U.S.S.C.

HEALTH UPDATE

Name: _____

Date: _____

We would appreciate you answering these few questions to update your record.

1. Allergies: _____

2. Current Medications (please circle if new): _____

3. Major Medical Events Since Last Visit: _____

4. Have You Ever Had:

A total knee replacement

A total hip replacement

5. Heart History: Have you ever had:

Coronary Artery Bypass surgery

Stents

Defibrillator

Pacemaker