

Name _____ Date _____

Medications Currently Taking: Please include all over the counter medications, vitamins, and supplements.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Important: Are you taking or have ever taken Flomax or Tamsulosin for prostate or bladder issues?

Circle answer: Yes No If you are unsure, please contact your doctor to verify.

Medical History: Please describe any current medical conditions you may have.

_____	_____
_____	_____
_____	_____

Past Surgical History:

_____	_____
_____	_____
_____	_____

Primary Care Physician: _____

Power of Attorney: _____

Please bring this form to your pre-operative appointment.