Chairman Dept. of Urology
Icahn School of Medicine at Mount Sinai
Ph: (212) 241-9955

Mount Sinai

Date: July 25, 2016 Reason for Today's Visit: _____

Name: Jeffrey Epstein DOB: Jan. 20, 1953 Age: 63

Past Medical History

- ☐ Hypertension
- ☐ Heart Murmur
- ☐ Anemia
- ☐ Other: _____
- ☐ Bleeding Disorder
- ☐ Diabetes
- ☐ Kidney Disease
- ☐ Blood Clots
- ☐ Seizure Disorder
- ☐ High Cholesterol
- ☐ Thyroid Disorder
- ☐ Hemorrhoids / IBS
- ☐ Hernia
- ☐ Stroke / Heart Disease
- ☐ Enlarged Prostate
- ☐ Sexual Dysfunction

Surgical History

Medication Name and Dosage (including supplements)

Allergic to any meds? No ○ ○ Yes
If yes, list medication & reaction: _____

Social History

Occupation: Banker
Marital Status: Single
Children: No ◉ ○ Yes Number: _____
Smoke: No ◉ ○ Yes (list # packs and years) _____
Alcohol: No ◉ ○ Yes (list drinks per week) _____
Caffeine: No ○ ◉ Yes (list # per day) _____

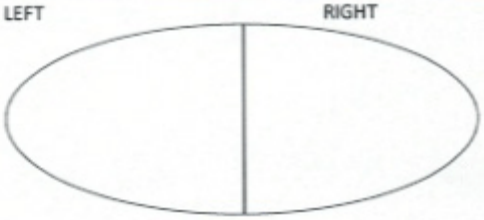
Family History	Yes	No	Family Member
Prostate Cancer	○	✓	
Colon Cancer	○	✓	
Bladder Cancer	✓	○	
Heart Disease	○	✓	
Other: _____	○	✓	

Review of Systems

Constitutional		
Significant Changes in Weight	Yes ○	○ No
Fevers and Chills	Yes ○	○ No
Fatigue	Yes ✓	○ No
Persistent Headaches	Yes ✓	○ No
Visual Problems	Yes ✓	○ No
Cardiovascular		
Shortness of Breath	Yes ○	○ No
Chest Pain	Yes ○	○ No
Palpitations	Yes ○	○ No
Respiratory		
Cough / Wheezing	Yes ○	○ No
Gastrointestinal		
Nausea and Vomiting	Yes ○	○ No
Diarrhea or Constipation	Yes ✓	○ No
Genitourinary		
Burning on Urination	Yes ○	○ No
Blood in Urine	Yes ✓	○ No
Incontinence of Urine	Yes ○	○ No
Musculoskeletal		
Muscle Weakness	Yes ○	○ No
Skin		
Skin rash or Lesion	Yes ○	○ No
Neurological		
Seizures	Yes ○	○ No
Numbness or Tingling	Yes ○	○ No
Psychiatric		
Depression / Anxiety	Yes ○	○ No
Hematology		
Easy Bruising	Yes ○	○ No
Unusual Bleeding	Yes ○	○ No

FOR OFFICE USE ONLY

Urologist: _____
Biopsy Date: _____



IIEF: 6
IPSS: 0

PSA: _____ | Prostate Volume: _____
DRE: _____ | Number of Total Past Biopsies: _____
Height: _____ | Weight: _____ | BMI: _____
Imaging: