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Patient Name _____

Patient Birthday ____/____/____

Please circle any medications you are **currently taking** or **have ever taken**.

<u>Brand Name</u>	<u>Generic Name</u>	<u>Use</u>
Cardura	Doxazosin	Benign Prostatic Hyperplasia, Hypertension
Dibenzyline	Phenoxybenzamine	Hypertension crisis, Pheochromocytoma
Flomax	Tamsulosin	Benign Prostatic Hyperplasia
Hytrin	Terazosin	Benign Prostatic Hyperplasia, Hypertension
Minipress	Prazosin	Benign Prostatic Hyperplasia, Hypertension Raymond's Syndrome
Regitine, Rogitine	Phentolamine	Dermal necrosis, Pheochromocytoma
Uroxatral	Alfuzosin	Benign Prostatic Hyperplasia

Please check this box if you are not taking and have never taken any of the above mentioned medications.

Patient's Signature