

# THE UROLOGY GROUP

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## KIDNEY STONE QUESTIONNAIRE

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Date \_\_\_\_\_

How many times have you passed stones on your own? \_\_\_ What year? \_\_\_\_\_

**Have you had surgery for stones?** Shock wave? What year? \_\_\_\_\_

Camera and laser(ureteroscopy)? What year? \_\_\_\_\_

Stent? What year? \_\_\_\_\_

Who in your family has kidney stones?(e.g. mother, brother, son) \_\_\_\_\_

**Do you have** (circle all that apply):

Extra belly weight

Hyperthyroidism

Weight loss surgery

Diabetes

Sarcoidosis

Unusual kidney shape or

Recurrent urinary tract

Crohn's disease

location (e.g. horseshoe

infections

Ulcerative colitis

kidney, history kidney

Gout

Pancreatitis

blockage, pelvic kidney)

Intestine removed

Celiac disease

**Do you take** (circle all that apply):

calcium supplements

probenecid (Probalan) for gout

vitamin C

lipase inhibitors for weight loss (orlistat or

vitamin D

Alli, Xenical)

topiramate (Topamax)

chemotherapy

zonisamide (Zonegran)

protease inhibitors for HIV (indinavir or

triamterene (Maxide, Dyazide, Dyrenium)

Crixivan, atazanavir or Reyataz)

**Does your diet include** (circle all that apply):

Low fluids

Lots of salt/sodium

Low fruit and vegetable intake

Too much or too little calcium

Lots of meat or protein from animal sources