

# THE UROLOGY GROUP

www.urologygroupvirginia.com

1860 Town Center Drive • Suite 150/160 • Reston, VA 20190 • 703-480-0220  
19415 Deerfield Avenue • Suite 112 • Leesburg, VA 20176 • 703-724-1195  
224-D Cornwall Street, NW • Suite 400 • Leesburg, VA 20176 • 703-443-6733  
24430 Stone Springs Blvd • Suite 100 • Dulles, VA 20166 • 703-957-1022

## URINARY HISTORY

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please describe your current urinary problem: \_\_\_\_\_

When did symptoms start? \_\_\_\_\_

How often do you void during the day? (circle one)      Every ½ hr      1 hr      1½ hr      2 hr      3 hr      >3 hr

How many times do you get up at night to void? (circle one)      0      1      2      3      4      >5

Do you have sudden, urgent need to urinate?    Yes \_\_\_\_\_ No \_\_\_\_\_

Do you leak urine when you don't get to the bathroom in time?    Yes \_\_\_\_\_ No \_\_\_\_\_

Do you leak urine with coughing, lifting, sneezing, straining or exercise?    Yes \_\_\_\_\_ No \_\_\_\_\_

How many protective pads do you wear? (circle one)      0      1      2      3      4      >5

If so, what type of pads? (circle one)      panty liners      regular pads      large pads      diapers

Do pads become saturated? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you aware you leaked urine?    Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have (circle):      burning      abdominal pain      flank pain

Do you have difficulty initiating the stream, requiring pushing or straining to start?    Yes \_\_\_\_\_ No \_\_\_\_\_

How often do you have a bowel movement?    >1 per day      Daily      Every other day      Every \_\_\_\_\_ days

Have you ever had urinary retention (unable to urinate for >6 hours)      Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever treatment for urinary leakage?    Yes \_\_\_\_\_ No \_\_\_\_\_

Treatments (please circle)      Kegel exercises      Bladder retraining      Biofeedback

Pelvic floor physical therapy      Electrical stimulation

### Women:

How many times have you been pregnant? \_\_\_\_\_

Vaginal births: \_\_\_\_\_ C-sections: \_\_\_\_\_ Complications: \_\_\_\_\_

Menopause Status (circle):    Premenopause      Undergoing menopause      Postmenopause

**FOR PATIENTS WITH RECURRENT URINARY TRACT INFECTIONS:**

How many infections have you had in the last 6 months? \_\_\_\_\_ In the last 12 months? \_\_\_\_\_  
Do your infections show up on culture? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been diagnosed with a bulge (drop) of the bladder (cystocele)? \_\_\_\_\_

History of bladder or pelvic surgery? \_\_\_\_\_ Type of surgery \_\_\_\_\_ Date \_\_\_\_\_

History of kidney stones? \_\_\_\_\_ Number of stones passed \_\_\_\_\_ Stone surgery (what, when) \_\_\_\_\_

Have you ever been sexually active? \_\_\_\_\_ Sexually active in the last 12 months \_\_\_\_\_

Have you had a new partner in the last year? \_\_\_\_\_

Do infections happen after sex? \_\_\_\_\_ Pain with intercourse? \_\_\_\_\_

Vaginal dryness? \_\_\_\_\_

Do you use (circle): Spermicides    Condoms with spermicide    Condoms    Cervical cap    Diaphragm

Prior evaluation: (circle): Ultrasound    CT scan    Xray    Cystoscopy (look in the bladder with a camera)

Past treatments (circle): Cranberry    Probiotic    D-Mannose    Cystex    Methenamine (Hiprex)  
Estrogen Cream    Antibiotic after intercourse    Prophylactic Antibiotic    Self-start antibiotic

Written by: Jennifer L. Young MD, The Urology Group. Copyright 2018. Do not duplicate without permission.  
Reference: Hickling DR and Nitti V. Recurrent Urinary Tract Infections in Healthy Premenopausal and Postmenopausal Woman. American Urological Association Update Series, Volume 31, Lesson 10. ©2012 American Urological Association, Education and Research Inc., Linthicum, MD. www.auanet.org