

THE UROLOGY GROUP

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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 Patients:

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

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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