



Urology Associates, P.C.

INSTRUCTIONS:

1. The following questionnaire should only take about ten minutes to complete.
2. If you cannot answer a question, simply leave it blank.
3. DO NOT complete the gray-shaded areas.

NAME: _____ AGE: _____
 REFERRING PHYSICIAN: _____ REFERRING PHONE: ()
 TODAY'S DATE: / /

INCONTINENCE SYMPTOMS

What is your primary urinary complaint? _____
 How long has this been occurring? (days, months, years) _____
 After you urinate, do you feel:
 satisfied and empty sensation of still having urine in my bladder
 How many times do you urinate during the day? _____ during the night? _____
 While you are urinating, the uring flow is:
 continuous starts and stops many times
 The force of your urinary stream is:
 strong weak fair
 When you get a strong desire to urinate, can you postpone it and not urinate?
 yes no
 When you get a strong urge, does the urine leak out before you reach the toilet?
 yes no
 Does urine leak out without you knowing it and you find yourself wet?
 yes no
 If the leaking of urine is a problem, what do you use to protect your clothing?
 pads panty liners other
 Do you use this protection during the day?
 yes no
 Do you use this protection at night?
 yes no
 Do you wet the bed during sleep?
 yes no
 How many times do you change your pads each day?
 once 2 to 3 times more than 3 times
 When you change them, the pads are:
 dry moist soaked
 Do you get repeated urinary tract infections?
 yes no
 Do you experience pain when you urinate?
 yes no
 Have you ever noticed any blood in your urine?

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MEDICAL THERAPY

- Have you been evaluated by a urologist or urogynecologist for voiding dysfunction? yes no
- Have you tried any of the following medications? yes no
- Ditropan (oxybutinin) Pyridium (phenopyrazidine) Detrol
- Urispaz Levsin, Levbid (hysocyamine) Urised
- Have you been prescribed any of the following antibiotics? yes no
- Bactrim Sulfasalazine Levaquin
- Cipro (ciprofloxacin) Macrochantin (nitrofurantoin)
- Noroxin Mandellamine
- Floxin Amoxicillin
- Have you been treated for vaginitis? yes no
- Have you been treated for yeast infections? yes no
- Have you been treated for any of the following sexually transmitted diseases? yes no
- genital herpes gonorrhea
- condyloma (warts) chlamydia
- syphillis
- What form of contraception do you use if any?
- rhythm condom pill none

MISCELLANEOUS HISTORY

- Do you have an allergy to latex? yes no
- Do you have an allergy to intravenous contrast (dye)? yes no
- Do you menstruate (have menstrual periods)? yes no
- If yes, what is the date of your last period? _____
- Have you had a hysterectomy? yes no
- How many pregnancies have you had? _____
- How many deliveries? _____
- Have you had an episiotomy? yes no
- Have you had a large birth weight baby? yes no
- When was your last cervical pap test? _____
- When was your last mammogram? _____
- Do you take hormone replacement? _____
- Do you have regular bowel movements? yes no
- Have you ever experienced loss of bowel control? yes no
- Do you strain to defecate? yes no
- Do you experience constipation? yes no
- Do you experience diarrhea? yes no
- Do you experience the sensation of incomplete defecation? yes no
- Do you have a sensation of pressure in the region of the vagina? yes no
- Do you feel as though your uterus has "dropped"? yes no
- Have you ever had to reduce a bulge down below to urinate or defecate? yes no

MISCELLANEOUS HISTORY

- What is the average frequency of intercourse?
- less than once a month once or twice a month once a week
- two to three times a week daily
- Do you suffer from vaginal dryness? yes no
- Is sexual intercourse ever painful? yes no
- Do you feel you have lost interest in sex? yes no
- Do you feel your partner has lost interest in sex? yes no
- Do you have difficulty achieving orgasm? yes no
- Does your partner have difficulty maintaining erections for satisfactory intercourse? yes no
- Is your partner currently being treated for erectile dysfunction? yes no

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PHYSICAL EXAMINATION

Height: _____ Weight: _____ BP: _____

General appearance: normal abnormal

GENERAL EXAMINATION

NECK	<input type="checkbox"/> normal <input type="checkbox"/> supple <input type="checkbox"/> thyromegaly	<input type="checkbox"/> abnormal <input type="checkbox"/> adenopathy <input type="checkbox"/> other	FLANK	<input type="checkbox"/> normal <input type="checkbox"/> tender	<input type="checkbox"/> abnormal <input type="checkbox"/> non-tender
LUNGS	<input type="checkbox"/> normal <input type="checkbox"/> CTAP <input type="checkbox"/> rhonchi	<input type="checkbox"/> abnormal <input type="checkbox"/> rales <input type="checkbox"/> wheeze	ABD	<input type="checkbox"/> normal <input type="checkbox"/> scars <input type="checkbox"/> rebound <input type="checkbox"/> organomegaly	<input type="checkbox"/> abnormal <input type="checkbox"/> tender <input type="checkbox"/> guarding <input type="checkbox"/> mass
COR	<input type="checkbox"/> normal <input type="checkbox"/> RRR <input type="checkbox"/> murmur <input type="checkbox"/> rub	<input type="checkbox"/> abnormal <input type="checkbox"/> regularly irregular <input type="checkbox"/> gallop	EXT	<input type="checkbox"/> normal <input type="checkbox"/> clubbing <input type="checkbox"/> edema	<input type="checkbox"/> abnormal <input type="checkbox"/> cyanosis <input type="checkbox"/> tenderness

GU EXAMINATION

LABIA	<input type="checkbox"/> normal <input type="checkbox"/> hypertrophy <input type="checkbox"/> cyst	<input type="checkbox"/> abnormal <input type="checkbox"/> atrophy <input type="checkbox"/> lesion	BLADDER	<input type="checkbox"/> normal <input type="checkbox"/> non-tender <input type="checkbox"/> no prolapse	<input type="checkbox"/> abnormal <input type="checkbox"/> tender <input type="checkbox"/> cystocele Grade I II III
URETHRA	<input type="checkbox"/> normal <input type="checkbox"/> mass <input type="checkbox"/> no hypermobility	<input type="checkbox"/> abnormal <input type="checkbox"/> tender <input type="checkbox"/> hypermobility Grade I II III	UTERUS	<input type="checkbox"/> present <input type="checkbox"/> non-tender <input type="checkbox"/> no prolapse	<input type="checkbox"/> absent <input type="checkbox"/> tender <input type="checkbox"/> prolapse Grade I II III
URETHRAL MEATUS	<input type="checkbox"/> normal <input type="checkbox"/> inflamed <input type="checkbox"/> eccentric	<input type="checkbox"/> abnormal <input type="checkbox"/> lesion	RECTAL EXAMINATION	<input type="checkbox"/> normal <input type="checkbox"/> no prolapse	<input type="checkbox"/> abnormal <input type="checkbox"/> prolapse Grade I II III
VAGINAL VAULT	<input type="checkbox"/> normal <input type="checkbox"/> anterior lesion <input type="checkbox"/> vault prolapse	<input type="checkbox"/> abnormal <input type="checkbox"/> posterior lesion	ANAL SPHINCTER TONE	<input type="checkbox"/> normal	<input type="checkbox"/> abnormal
			BULBOCAVERNOSUS REFLEX	<input type="checkbox"/> normal	<input type="checkbox"/> abnormal

STRESS INCONTINENCE SUPINE
 none present
 N/A

POST VOID RESIDUAL
 14 French other
 easy difficult
 Volume _____ cc

STRESS INCONTINENCE SUPINE
 voided catheterized
 leukocytes neg pos
 nitrates neg pos
 protein neg pos
 pH
 blood neg pos
 SG
 ketones neg pos
 glucose neg pos

MICRO
 WBC _____ RBC _____ Bact _____ Other _____



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IMPRESSION

- pure stress urinary incontinence 625.6
- pure urge urinary incontinence 788.31
- mixed incontinence 788.33
- unaware incontinence 788.34
- acute cystitis 595.0
- chronic cystitis 585.1
- urethral syndromw NOS 597.81
- microhematuria 599.7
- neurogenic bladder 596.54
- detrusor instability 596.59
- incomplete emptying 788.21
- nocturnal enuresis
- urethral hypermobility 599.81
- cystocele 618.0
- rectocele 618.0
- vaginal vault prolapse 618.0
- enterocele 618.6
- uterine prolapse 618.4
- after hysterectomy 618.5
- urinary frequency 788.41
- weak stream 788.62
- postvoid dribbling 788.35
- urethral prolapse 599.95
- urethral diverticulum 599.2
- urethral caruncle 599.3
- intrinsic sphincter deficiency 599.82

PLAN

LABS:

- urine culture
- urine cytology
- BUN/Cr
- SMA-7
- thyroid function studies
- voiding diary

RETURN OFFICE VISIT

- two weeks
- four weeks
- after urodynamics/cysto
- as needed

IMAGING:

- IVP
- renal sonogram
- pelvic sonogram

STUDIES:

- urodynamics
- cystoscopy

MEDICATIONS:

- Detrol 2mg BID
- Ditropan 2.5 5.0 mg TID
- Ditropan XL 5 10 mg q day
- Pyridium 100 mg po TID prn
- Pyridium plus BID to QID
- Cipro 500 BID
- Macrobid 100 BID
- Bactrim DS BID
- Bactrim DS nightly

ESTIMATED TIME: _____minutes