

THE UROLOGY GROUP

www.urologygroupvirginia.com

Walter O'Brien, Kevin O'Connor, Nicholas Lailas,
Gregory Schenk, Jennifer Young, Chuck Pruna, Christopher Starks, Maria Canter
Julie Spencer, Kristin Tamburro, Mari Parker

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

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