THE UROLOGY GROUP

www.urologygroupvirginia.com

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

1860 Town Center Drive • Suite 150 • 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

URINARY HISTORY

Name:____DOB:_________________Date of Visit:___________________

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 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__________

Is there a sense of urgency before leakage occurs? Yes_________ No__________

Do you have pain, discomfort, burning, severe urgency, abdominal pain or flank pain? Yes_______ No_______

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__________

Do you have recurrent urinary tract infections? No__________ 2/yr 3/yr 4/yr 5/yr >5/yr

Have you ever had blood in the urine? Yes__________ No__________

How many times have you been pregnant?__________How many children do you have? ___________

Vaginal births:__________ C-sections:__________ Complications:_________________________________

Have you ever treatment for urinary leakage? Yes_________ No_________

Treatments (please circle) Kegel exercises Bladder retraining Biofeedback

Pelvic floor physical therapy Electrical stimulation

Medications (please list)____

Bladder or prostate (men) surgery Type:_____________________________When:_________________________