

# THE UROLOGY GROUP

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## 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

Bladder or prostate medications: \_\_\_\_\_

Bladder or prostate surgery: \_\_\_\_\_ When: \_\_\_\_\_