



# Urology

## Wellness Center at Lake Mary

### FEMALE UROLOGICAL WORK-UP

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Family or Referring Doctor: \_\_\_\_\_

#### DO YOU HAVE TO:

Push to get the water started (urinate)? \_\_\_\_\_ Yes No

Urinate more frequently than normal? \_\_\_\_\_ Yes No

Get up at night to urinate? \_\_\_\_\_ Yes No

If yes, circle number of times:    1       2       3       4       5       6       7       or more

Go immediately when you get the urge? \_\_\_\_\_ Yes No

During the day, how often do you urinate?    1       2       3       4       5       6       7       or more

#### HAVE YOU HAD, OR DO YOU HAVE:

Take longer to empty the bladder than normal? \_\_\_\_\_ Yes No

A decrease in the size of your stream? \_\_\_\_\_ Yes No

A feeling of not emptying your bladder? \_\_\_\_\_ Yes No

Trouble starting the stream? \_\_\_\_\_ Yes No

Pain or burning with urination \_\_\_\_\_ Yes No

If yes, during or after (circle one)

Pain?       Back       Abdomen       Pelvis       Above Pubis

Blood in urine? \_\_\_\_\_ Yes No

If yes, was it throughout the stream? \_\_\_\_\_ Yes No

At the beginning only? \_\_\_\_\_ at the end only? \_\_\_\_\_

Loss of urine when you strain? \_\_\_\_\_ Yes No  
Such as lifting, coughing, sneezing, etc.

Loss of urine if you don't get to the bathroom on time? \_\_\_\_\_ Yes No

Loss of urine at other times? \_\_\_\_\_ Yes No

A vaginal infection or discharge? \_\_\_\_\_ Yes No

Any other urological problems? \_\_\_\_\_ Yes No

Have you ever seen a Urologist or Kidney specialist before? \_\_\_\_\_ Yes No

If so Whom? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever had an IVP? (Kidney X-Rays) \_\_\_\_\_ Yes No

Have you ever had urinary surgery? \_\_\_\_\_ Yes No

Rev 10/10 If so, When? \_\_\_\_\_ For What? \_\_\_\_\_