



Urology

Wellness Center at Lake Mary

MALE UROLOGICAL WORK-UP

Today's Date: _____

Name: _____ Age: _____ Family or Referring Doctor: _____

Do you have family history of cancer? Prostate, Bladder, Kidney _____ Yes No

High Blood Pressure? _____ Yes No

Do you Smoke? _____ Yes No

Have you ever had? High Blood Pressure _____ Yes No

Kidney Infection _____ Yes No

Kidney Stones _____ Yes No

Bladder Infection _____ Yes No

Prostate Infection _____ Yes No

Other Prostate Troubles _____ Yes No

If so, what _____ Yes No

Urethral Stricture _____ Yes No

Swelling of one testicle _____ Yes No

Or Both _____ Yes No

Problem with infertility _____ Yes No

Number of Children _____ Yes No

What volume do you void each time-cup or more, 1/2 cup, few oz. or less? _____ Yes No

DO YOU HAVE TO:

Push to get the urine started (strain to pass your water)? _____ 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

Wait for stream to start? _____ Yes No

Does the stream stop and go, or come out in spurts? _____ Yes No

Dribbling at the end of the urination? _____ Yes No

Pain or burning with urination _____ Yes No

If yes, during or after (circle one)

Pain? Back Abdomen Above the pubis or penis Scrotum

Blood in urine? _____ Yes No

If yes, was it throughout the stream? _____ Yes No

At the beginning only? _____ at the end only? _____

Bloody sperm? _____ 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? _____

Are you bothered by urinary symptoms? Take this test – you may have BPH

BPH (*benign prostatic hyperplasia*) is a non-cancerous enlargement of the prostate that occurs in many men over the age of 50.

Patient Name: _____ Date: _____

Use this form to assess your symptoms, and share your result with your doctor.

To use this symptom scorecard: Circle one number in each line and add up all the circled numbers to get the total score. The total runs from 0 to 35 points with higher scores indicating more severe symptoms. Scores less than seven are considered mild and generally do not warrant treatment.

AUA BPH SYMPTOM SCORE*						
	NOT AT ALL	LESS THAN 1 TIME IN 5	LESS THAN HALF THE TIME	ABOUT HALF THE TIME	MORE THAN HALF THE TIME	ALMOST ALWAYS
1. INCOMPLETE EMPTYING – Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5
2. FREQUENCY – Over the past month, how often have you had to urinate again less than 2 hours after you finish urinating?	0	1	2	3	4	5
3. INTERMITTENCY – Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
4. URGE TO URINATE – Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
5. WEAK STREAM – Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5
6. STRAINING – Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
7. URINATING AT NIGHT – Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	0	1	2	3	4	5
Symptom score: 1-7 mild • 8-19 moderate • 20-35 severe			TOTAL: _____			

Rate the bothersomeness of your symptoms by circling the number below that best describes your feelings.

AUA BPH SYMPTOM SCORE*						
	DELIGHTED	PLEASED	MOSTLY SATISFIED	MIXED	UNHAPPY	TERRIBLE
BOTHERSOMENESS OF URINARY SYMPTOMS How would you feel if you had to live with your urinary condition the way it is now, no better, no worse, for the rest of your life?	0	1	2	3	4	5

For more information on BPH and its treatment, please visit

www.Prolieve.com