



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