

Female Urology Intake Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Main reason for today's visit: \_\_\_\_\_

Referred by (name of MD): \_\_\_\_\_

Do you smoke?  Yes  No How many packs per day? \_\_\_\_\_ When did you quit? \_\_\_\_\_

Do you drink alcohol?  Yes  No

Family History (Check if apply):

Bladder Cancer  Prostate Cancer  Kidney Cancer  Kidney Stones

Urination Questions

Do you leak urine? (Check all that apply)  When you can't make it to the bathroom?

When you cough, sneeze or laugh?

How many pads do you wear per day? \_\_\_\_\_ (Circle One) Liner Pad Diaper

How many times do you wake up to pee at night? \_\_\_\_\_

How often do you pee? (Circle) Every: 15-30 min 1-2 hours 3-4 hours Other \_\_\_\_\_

Do you strain or push to pee?  Yes  No

Have you taken any medications in the past for your bladder?  Yes  No

How many caffeinated drinks do you drink per day: \_\_\_\_\_

Total fluid intake (select one): light  moderate  heavy

Do you feel you can empty your bladder completely?  Yes  No

Do you feel a Vaginal Bulge?  Yes  No

Are you sexually active?  Yes  No

Are you bothered by Vaginal dryness?  Yes  No

Are you using vaginal estrogen?  Yes  No

History of Abdominal or Pelvic Surgery?  Yes  No Type? \_\_\_\_\_

# Pregnancies \_\_\_\_\_ # deliveries \_\_\_\_\_ Vaginal  C-Section

Tear requiring repair at the time of delivery?  Yes  No Largest baby weight? \_\_\_\_\_ lb \_\_\_\_\_ oz

Did you have your uterus removed?  Yes  No Unexpected vaginal bleeding?  Yes  No

Frequent UTIs? \_\_\_\_\_ Number of UTIs in last 1 yr \_\_\_\_\_

Have you seen any blood in the urine?  Yes  No Have you had a workup for blood in urine? \_\_\_\_\_

Constipation & Management

Do you have difficulty with constipation?  No  Yes: medication? \_\_\_\_\_

Do you leak stool?  No  Yes: Seeing GI or Colorectal Surgeon for this? \_\_\_\_\_

Do you experience pain with intercourse?  No  Yes

Previous Urologist: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Medical Issues	Past Surgeries and Date	Medications	Allergies
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____