

UROGYNAECOLOGICAL HISTORY

(Complete for All Incontinence &/or Prolapse Patients)

Dr Onuma; Modbury Hospital Female Pelvic Floor Clinic

Doctor's name/Signature...../..... Date.....

Weight of heaviest child at time of deliverylb/kilo
Number of UTIs in the last 2 yea 1 2 3 4 5 6 7 8 10 >10
History of back injury or pain..... Yes No
Type of back injury/pain.....

Previous surgery for urinary symptoms..... Yes No
Type of surgery Cystoscopy/Anterior repair/Burch
colposuspension/Urethral dilatation/Urethrotomy/Fascial
sling/MMK/Hysterectomy/Hydrodilatation/Para-urethral
injection/Unsure

Seen by pelvic floor Physiotherapist in the past Yes No
Physiotherapy helpful Yes No
Ever been on Anticholinergic therapy Yes No
Anticholinergic therapy helpful Yes No

Other treatments.....PFEs /Pilates/Yoga/Tofranil/HRT/Vagifem/Ovestin/Ural

Daytime urinary frequency range..... to
Nighttime urinary frequency range..... to

Stress incontinence episodes Yes No
Stress incontinence Frequently/ Occasionally/ Rarely
Activities leading to SI..... Cough/Sneeze/Laugh/Lifting/Getting up
from sitting or lying/Running/Walking/Trampoline/Gym/Jumping/Intercourse/Not sure

Urinary urgency episodes Yes No
Urinary urgency..... Frequently/ Occasionally/ Rarely
Urge incontinence episodes Yes No
Urge incontinence Frequently/ Occasionally/ Rarely

Wet at rest.....Always/Frequently/Occasionally/Rarely/Never/Unsure
Wet at night.....Always/Frequently/Occasionally/Rarely/Never/Unsure

Pads or liners for incontinence:

Day only/Day+Night/If going out/When doing exercise/Never/Night only

Stream quality..... Normal/Slow/Fast/Stop-start pattern/Variable
Able to interrupt flowAlways/Frequently/Occasionally/Rarely/Never/Unsure
Postmicturition dribble.....Always/Frequently/Occasionally/Rarely/Never/Unsure

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PTO

Strain to void.....Always/Frequently/Occasionally/Rarely/Never/Unsure
Complete bladder emptying.....Always/Frequently/Occasionally/Rarely/Never/Unsure
Hesitancy (delay between sitting to void and starting):
Always/Frequently/Occasionally/Rarely/Never/Unsure

Genital prolapse..... Yes No Unsure

Haematuria (blood in urine)..... Yes No Unsure

Pain on micturition (emptying bladder)..... Yes No
[If yes].....Suprapubic/Urethral/Renal angle/Before voiding starts/After voiding completed

Fluid intake/24hrs:

Tea (ml).....

Coffee (ml)

Fizzy drinks (including carbonated water) (ml)

Water/Cordial/Juice (ml)

Patient's Label/details