

UROGYNAECOLOGICAL HISTORY (Dr Onuma)

NAME

UR

ADDRESS

Weight of Heaviest Child (lbs)				
Number of UTIs in last 2 years				
History of Back Injury/Pain	Yes	No			
Type of Pain/Injury					
Previous surgery for Urinary Symptoms	Yes	No			
Type of Surgery	Anterior repair	Burch Colposuspension			
	Cystoscopy	TVT			
	Urethrotomy	Other (specify)			
Pelvic Floor Physiotherapy	Yes	No			
Pelvic Floor Physiotherapy Helpful	Yes	No			
Anticholinergic Therapy	Yes	No			
Anticholinergic Therapy Helpful	Yes	No			
Other treatments for incontinence (specify)					
Number of voids during the Day				
Number of voids during the Night				
Stress Incontinence	Yes	No			
Stress Incontinence Episodes	Frequent	Occasional	Rare		
Activities leading to Stress Incontinence	Cough	Sneeze	Walk	Run	
	Laugh	Getting up	Coitus	Gym	
Urinary Urgency	Yes	No			
Urinary Urgency Episodes	Frequent	Occasional	Rare		
Urge Incontinence	Yes	No			
Urge Incontinence Episodes	Frequent	Occasional	Rare		
Wet at Rest	Yes	No			
Wet at Night	Yes	No			
Need to Wear Pads	No	Frequent	Occasional	Rare	
Urinary Stream Quality	Normal	Fast	Slow	Dribbling	Variable
Able to Interrupt Flow	No	Frequent	Occasional	Rare	
Postmicturition Dribbling	No	Frequent	Occasional	Rare	
Straining to Void	No	Frequent	Occasional	Rare	
Complete Bladder Emptying	No	Frequent	Occasional	Rare	
Hesitancy	No	Frequent	Occasional	Rare	
Genital Organ Prolapse	Yes	No	Uncertain		
Haematuria	Yes	No			
Pain on Micturition	No	Suprapubic	Urethral		
Tea (ml/day)				
Coffee (ml/day)				
Fizzy drinks (ml/day)				
Water/cordial (ml/day)				

Doctor's Name:

Doctor's Signature: