

First Name _____ Last Name _____ DOB/Age _____

Ht. _____ Wt. _____ Allergies _____ PT# (Internal) _____

REASON FOR EXAM (Please include symptoms and time frame):

TECH NOTES (for internal use only):

Previous VCUG or Cystoscopy findings:

Previous Imaging Studies Related to Todays Exam	Date

Additional Tech Notes:

Previous Surgeries Related to Todays Exam	Date

Have you ever had any of the following procedures in the past (if yes, please indicate when):

Deflux procedure Yes No _____ Ureteral reimplantation Yes No _____
 Bladder surgery Yes No _____ Urethral surgery Yes No _____
 Prostate surgery Yes No _____ Kidney surgery Yes No _____

Are you currently or have you ever experienced any of the following (If it is no longer occurring, please tell us **when** it happened (example: August, 2020). If it is still happening, please tell us **how long** (Example: 2 months):

Urinary Tract Infection (UTI) associated with Fever Yes No If yes, when or how long? _____

Recurrent UTI Yes No If yes, when or how long? _____

Hydronephrosis (fluid in Kidneys) Yes No If yes, when or how long? _____

Urinary Incontinence Yes No If yes, when or how long? _____

Vesicoureteral Reflux Yes No If yes, when or how long? _____

Congenital Urinary Anomalies Yes No If yes, please explain: _____

Bladder/Urethral Injury Yes No If yes, when did injury occur? _____

Bladder Diverticulum Yes No If yes, when or how long? _____

Bladder Outlet Obstruction Yes No If yes, when or how long? _____

Difficulty Voiding Urine Yes No If yes, when or how long? _____

Urethral Obstruction Yes No If yes, when or how long? _____

Bladder Fistulas Yes No If yes, when or how long? _____

Cancer Yes No If yes, please explain: _____

Other important medical conditions: _____

Current Medications:

I agree that the above information is correct (Do not fill out until after technologist has reviewed):

Patient Signature: _____ Todays Date: _____