

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 Cystoscopy or RUG 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):

Urethral dilation Yes No _____ Bladder surgery Yes No _____

Urethral surgery Yes No _____ Prostate 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):

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

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

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

Hematuria (blood in urine) Yes No If yes, when or how long? _____

Bladder/Urethra Diverticulum 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? _____

Trauma to Pelvis Yes No If yes, when did trauma occur? _____

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/Urethral 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: _____ Today's Date: _____