Name:_________________________________ Age____ Sex____ Date______________

Urogenital - Part 1a

Primary Complaint: Bladder - Urination - UTI - Other

Instructions: There are eight (8) pages of 'Fill-In' pdf forms. Please provide as much information as possible - this is your opportunity to tell me what has been occurring in the past, your current condition as well as concerns you have for your fu-ture should this condition continue.

Name your Primary Complaint: ☐ Difficulty Urinating ☐ Painful Urination ☐ Bloody or Frothy Urine ☐ History of Urinary Stones ☐ Incontnence ☐ Urgency Other________________________________

Indicate all abnormalities or exacerbated conditions that occur simultaneously with your Primary Complaint:

☐ Balance	☐ Appetite	☐ Blood pressure	☐ Energy	☐ Addiction	☐ Fertility
☐ Hearing	☐ Defecation	☐ Arrythmias	☐ Libido	☐ Attitude change	☐ Pain (physical)
☐ Smell	☐ Digestion	☐ Angina	☐ Menses	☐ Behavior change	☐ Twitching-Tics
☐ Speech	☐ Thirst	☐ Breathing	☐ Vaginal fluids	☐ Cravings	☐ Hiccups
☐ Swallowing	☐ Urination	☐ Skin	☐ Semen flow	☐ Emotions	☐ Self Esteem
☐ Taste	☐ Bleeding	☐ Hair	☐ Sleep	☐ Mental function	☐ Self Image
☐ Touch	☐ Mucus flow	☐ Nails	☐ Excess naps	☐ Memory	☐ Motivation
☐ Vision	☐ Swelling			☐ Pain (from emotions)	

Is this your first time seeking treatment for the primary com-plaint? ☐ Yes ☐ No, I have sought ______ prior.

No. of times

When did the primary complaint become disruptive to your ADL, caused significant impairment or prompted treatment?

____

How many days, weeks, months or years ago or the date.

When did the primary complaint or associated symptoms begin before the condition became disruptive to your Activi-ties of Daily Living or caused significant impairment?

____

Indicate the number of days, weeks, months or years or the date.

How frequently does the primary complaint or associated symptoms interfere with Activities of Daily Living?

____

Indicate number of minutes, hours in a day or number of days/weeks

What do you think is the origin or cause of the primary complaint? ______________________________

____

What provides relief to the primary complaint? _________

____

____

____

Please answer the following:

Are you willing to have blood tests?	☐ No	☐ Yes	☐ Unknown
Does excess weight caused pain?	☐ No	☐ Yes	☐ Unknown
Has excess weight damaged joints?	☐ No	☐ Yes	☐ Unknown
Does a sibling have this weight issue?	☐ No	☐ Yes	☐ Unknown
Does a parent have this weight issue?	☐ No	☐ Yes	☐ Unknown
Are you lactose intolerant?	☐ No	☐ Yes	☐ Unknown
Are you gluteomorphin reactive?	☐ No	☐ Yes	☐ Unknown
Are you caseomorphin reactive?	☐ No	☐ Yes	☐ Unknown
Do you have a food allergy?	☐ No	☐ Yes	☐ Unknown
Are you on prescription medication?	☐ No	☐ Yes	
Are you taking OTC medicines?	☐ No	☐ Yes	
Are you taking illicit drugs?	☐ No	☐ Yes	
Are you taking herbs?	☐ No	☐ Yes	
Do you smoke tobacco?	☐ No	☐ Yse	

If you need to include more information, write it in a MSWord documents and title it with your name and Primary Complaint. Example: John_Doe_Urogenital Part 1a

Name:______________________________ Age___ Sex___ Date:_______________

Urogenital - 1b

Primary Complaint: Bladder - Urination - UTI - Other

IC symptom index
During the past month:

Q1. How often have you felt the strong need to urinate with little or no warning?
0. __ Not at all
1. __ Less than 1 time in 5
2. __ Less than half the time
3. __ About half the time
4. __ More than half the time
5. __ Almost always

Q2. Have you had to urinate less than 2 hours after you finished urinating?
0. __ Not at all
1. __ Less than 1 time in 5
2. __ Less than half the time
3. __ About half the time
4. __ More than half the time
5. __ Almost always

Q3. How often did you most typically get up at night to urinate?
0. __ None
1. __ Once
2. __ 2 times
3. __ 3 times
4. __ 4 times
5. __ 5 or more times

Q4. Have you experienced pain or burning in your bladder?
0. __ Not at all
2. __ A few times
3. __ Almost always
4. __ Fairly often
5. __ Usually

IC problem index
During the past month how much has each of the following been a problem for you:

Q1. Frequent urination during the day?
0. __ No problem
1. __ Very small problem
2. __ Small problem
3. __ Medium problem
4. __ Big problem

Q2. Getting up at night to urinate?
0. __ No problem
1. __ Very small problem
2. __ Small problem
3. __ Medium problem
4. __ Big problem

Q3. Need to urinate with little warning?
0. __ No problem
1. __ Very small problem
2. __ Small problem
3. __ Medium problem
4. __ Big problem

Q4. Burning, pain, discomfort, or pressure in your bladder?
0. __ No problem
1. __ Very small problem
2. __ Small problem
3. __ Medium problem
4. __ Big problem

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If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Urogenital Part 1b

Name:________________________________ Age:___ Sex:___ Date:______________

Reproductive & Urogenital - 1b

Primary Complaint: Bladder - Urination - Recurrent UTI

Please fill-in your answers below:

1. Characteristics

Frequency			**How many times an hour do you urinate?**
Dysuria	**No**	**Yes**	**Burning or pain on urination**
Hematuria	**No**	**Yes**	**Blood in urine**
Urgency	**No**	**Yes**	**Sudden need to urinate**
Nocturia	**No**	**Yes**	**Awakened during sleep to urinate** **How many times during your sleep?_______**
Incontinence	**No**	**Yes**	**Loss of control**
Back pain	**No**	**Yes**	**if yes, right side, left side or both?_______________**
Fever	**No**	**Yes**	**if yes, highest temp_______ for how many days? ___**

2. **How long (days) have you had these symptoms?___________**
3. **Have you had a previous urinary tract infection(UTI)? No Yes**
   If yes, more than 2 per year? No Yes
   Please list medication taken for past UTI:__________________________
   ____
4. **Have you ever had an infection of the kidney? Yes No**
5. **Have you taken any medication for current symptoms? Yes No**
   List all prescription, over the counter medication, or herbs that you have taken in the last 2 days:__________________________________
   ____
   ____
6. **Females only: when did your last menstrual cycle begin?______________**
7. **Do you drink caffeinated beverages? (soft drinks/coffee/tea) No Yes**
   if yes, how many ounces per day? ______________________________
8. **Are you sexually active? No Yes**
   If yes, when did you last have sex? _______________________________

TO BE COMPLETED BY PHYSICIAN:

Notes:____

Microscopy results:____

Tests ordered: U/A with micro C&S CBC w/diff w/o diff ________________

RX/Plan:____

____

Urinalysis results: Color:_______ Turbidity:________ pH:_____ Sp. Gr.:_______

Labstix results:____

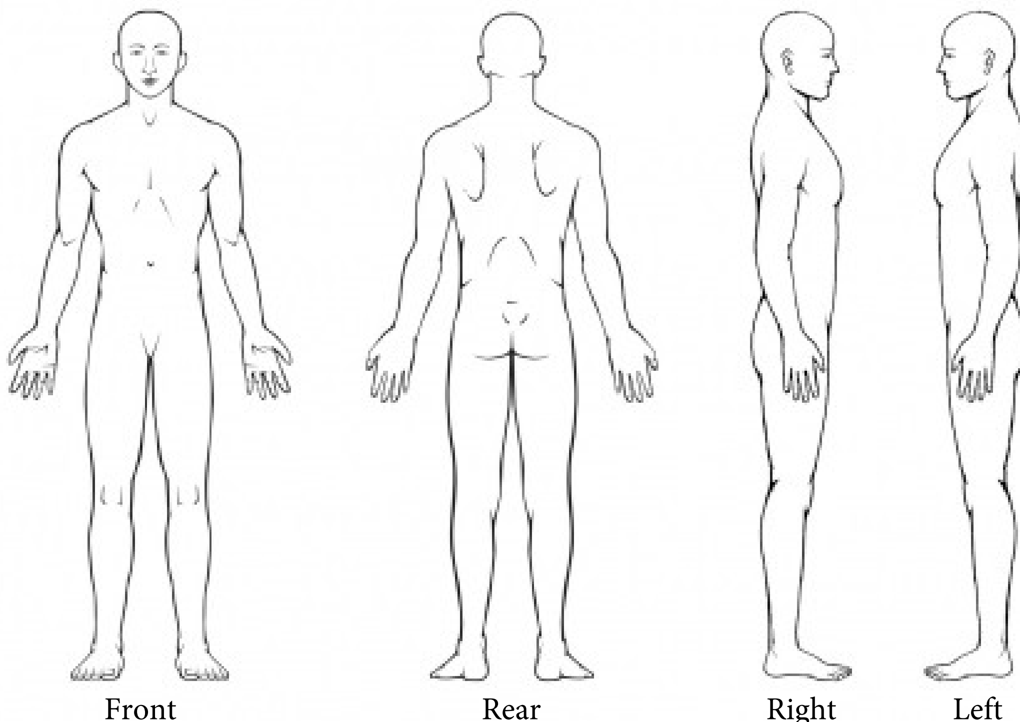
If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Urogenital Part 1b

Name:______________________________________ Date_________________

Urogenital - Part 1c

Primary Complaint: Bladder - Urination - UTI - Other

Instructions: Please place a "X" on the area of Pain or Sensation.



Type of Pain or Sensation:

- ☐ Sharp ☐ Cramping
- ☐ Shooting ☐ Tightening
- ☐ Throbbing ☐ Stiffness
- ☐ Burning ☐ Swelling
- ☐ Dull ☐ Heat
- ☐ Aching ☐ Cold
- ☐ Tingling ☐ Crawling
- ☐ Numbness ☐ Itching

Quality.of Primary Complaint:

- ☐ Constant ☐ Fixed
- ☐ Intermittent ☐ Moving

Trigger or Aggrivated by:

- ☐ Cold ☐ Heat
- ☐ Physical activity
- ☐ Emotional upset
- ☐ Stress ☐ Weather

Rate your pain at it's most and least painfulness:

- ☐ 0 None
- ☐ 1 Mild - nagging, annoying, interferes little with ADLs
- ☐ 2 Mild - nagging, annoying, interferes little with ADLs
- ☐ 3 Mild - nagging, annoying, interferes little with ADLs
- ☐ 4 Moderate - Interfere's significantly with ADLs
- ☐ 5 Moderate - Interfere's significantly with ADLs & need OTC med
- ☐ 6 Moderate - Interfere's significantly with ADLs & need OTC med
- ☐ 7 Severe - Disabling, unable to perform ADLs & Need Rx med
- ☐ 8 Severe - Disabling, unable to perform ADLs & Need Rx med
- ☐ 9 Severe - Disabling, unable to perform ADLs & Need Rx med
- ☐ 10 Severe - Disabling, unable to perform ADLs & Need hospital

Are you hands or feet too sensitive to touch? Yes No

Does it hurt at night when bed covers touch? Yes No

Do your symptoms worsen at night? Yes No

Do your legs feel weak when you walk? Yes No

Do your legs/feet hurt when you walk? Yes No

Are your feet skin dry and crack open? Yes No

Can your feet discern hot/cold water in tub/shower? Yes No

Do your legs/feet experience 'asleep feeling' or loss of sensation? Yes No

Are you unable to sense you feet when you walk? Yes No

Do you have sharp, stabbing or shooting pain in our feet? Yes No

What provides relief of Pain or sensation?_____________

____

____

____

____

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Urogenital Part 1c

Name:____ Date_________________

Use the next four (4) pages to embellish upon the details of your Rrimary Complaint and Life Experiences.

Urogenital - Part 2

Primary Complaint: Bladder - Urination - UTI - Other

Instructions: The Day your Primary Complaint became disruptive to your ADL or caused significant impairment

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order starting with the morning of and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

Please identify the date. This does not have to be an exact calendar date – it can be 'mid-November 2011', or sometime in the summer of 2009, or it might be as specific as the morning of New Year's Day 2012. Then describe the following:

- where you were located when you noticed the Primary Complaint (or a medical diagnosis that was given),
- how you felt and any emotional responses
- what ADL you could not do or what bodily functions were significantly impaired
- the duration of the Physical Sensation(s) and characteristics (qualities)
- anything that seemed to make it worsen or improve it
- any observations by other people of your behavior, emotions or physical condition

Date your Primary Complaint or associated symptoms became disruptive to your ADL or caused significant impairment:

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint. Example: John_Doe_Urogenital Part 2

Name:____ Date_________________

Urogenital - Part 3

Primary Complaint: Bladder - Urination - UTI - Other

Instructions: Your Life Prior to the Day the Primary Complaint became disruptive to your ADL or caused significant impairment cited in Part 2.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Reflect back to the earliest date when you noticed the Primary Complaint and/or associated symptoms. Please identify the date. This does not have to be an exact calendar date – it can be 'mid-November 2011', or sometime in the summer of 2009, or it might be as specific as the morning of New Year's Day 2012.
- Next, list the events of your life that occurred between that earliest date of symptoms and the day your Primary Complaint became disruptive to your ADL or caused significant impairment. These events include:
  travel in or outside the USA or Canada moving your home changing jobs marriage divorce separation
  pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters
  child rearing problems children leaving home for college child custody illness accidents incarceration
  institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Date of earliest recall of Primary Complaint or associated symptoms:

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Urogenital Part 3

Name:____ Date_________________

Urogenital - Part 4

Primary Complaint: Bladder - Urination - UTI - Other

Instructions: Your Life 1 year Prior to the Earliest Date you noticed the Primary Complaint or associated symptoms cited in Part 3.
Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Reflect back 1 year prior to the earliest date when you noticed the Primary Complaint and/or associated symptoms. Please identify the date. This does not have to be an exact calendar date – it can be 'mid-November 2011', or sometime in the summer of 2009, or it might be as specific as the morning of New Year's Day 2012.
- Next, list the events of your life that occurred between that earliest date of symptoms and the day your Primary Complaint became disruptive to your ADL or caused significant impairment. These events include:
  travel in or outside the USA or Canada moved your home changing jobs marriage divorce separation pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters child rearing problems children leaving home for college child custody illness accidents incarcerated institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Date 1 year prior to the earliest recall of the Primary Complaint or associated symptoms:

____
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If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Urogenital Part 4

Name:____ Date_________________

Urogenital - Part 5

Primary Complaint: Bladder - Urination - UTI - Other

Instructions: Your Symptoms and Actions since the day your Primary Complaint or associated symptoms became disruptive to your ADL or caused significant impairment cited in Part 2.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Describe to best of you abilities the chronological sequences of the following starting from the Day the Primary Complaint or associated symptoms became disruptive to your ADL or caused significant impairment through to today. Include the following:
  - changes of the symptoms over time (duration, intensity, improvements, worsening, etc)
  - the actions you have employed to treat the problem via MD, ND, DO, DC, LAc, PT and other therapists as well as home remedies. Include the diagnosis, therapies, medications and natural remedies (herbs, homeopathy, nutritional) that have been used. Include any and all improvements or worsening of the problem/condition due to any of the actions you employed.
- Include the events of your life that occurred during this tme period. These events include:
  travel in or outside the USA or Canada   moved your home   changing jobs   marriage   divorce   separation   pregnancy   miscarriage   abortion   death of a friend, relative or pet   financial stresses   legal matters   child rearing problems   children leaving home for college   child custody   illness   accidents   incarcerated   institutionalized   natural disaster   crime victim   domestic violence or abuse   substance abuse   other
- Any observations by other people of your behavior, emotions or physical condition

Symptoms and Actions since the Primary Complaint or associated symptoms became disruptive to ADL or causative to significant impairment.

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_Urogenital Part 5