METROVAN UROLOGY
metrovanurology.com
#650 – 6091 Gilbert Road
Richmond, B.C. V7C 5L9
Tel: **604 273 4320**
Fax: 604 273 7599

RECURRENT URINARY TRACT INFECTION - FEMALES

LAST Name (REQUIRED) FIRST Name (REQUIRED) PHN/CARE CARD NUMBER (REQUIRED)

Date

Instructions: Please complete this questionnaire as completely as possible.
All information is strictly confidential and will assist in your evaluation.

Mark [X] the correct column after each question. If YES to any of the below questions, please explain.

ONSET
Age at first bladder/kidney infection? _____

How many years have recurrent infections been a MAJOR problem for you? _____

TIMING
How frequently are you having infections (e.g. once per week, every few months)?

	Yes	No	Not Sure
SYMPTOMS DURING INFECTION: Any of these WITH infection?			
1. Burning (dysuria)			
2. Frequent urination			
3. Urgency/difficulty postponing urination			
4. Foul-smelling urine			
5. Blood in the urine			
6. Upper back pain			
7. Fever			
8. Nausea or vomiting			
9. Pain above the bladder or lower back			
INTERCURRENT SYMPTOMS: Any of the following when you DO NOT have infection?			
10. Slow stream			
11. Difficulty emptying your bladder			
12. Urinary incontinence/leakage			
13. Do you need pads for incontinence?			
UROGYNECOLOGY HISTORY : Do any of the following apply to you?			
14. Kidney stone			
15. Bladder surgery			
16. Hysterectomy (removal of uterus)			
17. Oophorectomy (removal of ovaries)			
18. Vaginal surgery (prolapse or incontinence)			
19. Constipation			
20. Neurological problem (stroke, MS, etc.)			
21. History of smoking			

	Yes	No	Not Sure
RISKS: Do any of the following apply to you?			
21. Post-menopausal			
22. Oral contraceptive			
23. Vaginal dryness			
24. Spermicidal jelly			
SEXUAL ACTIVITY: Intercourse is a major risk for recurrent UTI.**			
25. Are you sexually active?			
26. Do you have pain with intercourse?			
27. Do you get infections after intercourse?			
PRIOR INVESTIGATIONS: Have you had any of the following in the past?			
28. Positive urine culture			
29. Cystoscopy			
30. Ultrasound			
TREATMENT: Which have you received?			
31. Antibiotics			
32. Vaginal estrogen replacement			
33. Cranberry (extract, pills, juice)			
34. Probiotics (e.g. Lactobacilli			
35. D-Mannose			
36. Vitamin C			
37. Urethral dilation (stretch of urethra)			

Explain if you answered YES to any of the above. Is there anything else that you think is important for us to know?

**If infections are related on intercourse, roughly how frequently are you having sex per month?

PLEASE COMPLETE ALL PAGES