

## Hematuria Pre-Visit Questionnaire

LAST Name (REQUIRED)

FIRST Name (REQUIRED)

PHN/CARE CARD NUMBER (REQUIRED)

Date

**Hematuria** is the medical term for blood in the urine. It is not always visible (microscopic hematuria). There are many different causes, but it can be a sign of serious disease.

**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 If you can see the blood, when did you first see it?							
	Yes	No	Not Sure		Yes	No	Not Sure
<b>BLOOD</b> Regarding the blood in the urine				<b>SMOKING</b>			
1. Can you see the blood?				21. Have you ever smoked cigarettes?			
2. Is the bleeding ongoing?				22. If yes, do you still smoke?			
3. Has there been any clot?				23. Roughly how many years did you smoke?			
<b>HISTORY</b> Have you had any of the following?				24. How many packs per day on average?			
4. Surgery of the bladder, kidney or prostate				<b>MEDICATIONS:</b> Do you take any of these?			
5. Infections of the bladder, kidney or prostate				25. Aspirin (ASA)			
6. Sexually transmitted infections				26. Coumadin (Warfarin)			
7. Kidney or bladder stones				27. Clopidogrel (Plavix)			
8. Radiation				28. Dabigatran (Pradax)			
9. Chemotherapy				29. Rivaroxaban (Xarelto)			
10. Kidney failure				<b>WOMEN</b> – Do any of the following apply?			
<b>SYMPTOMS</b> Do you have any of the following:				30. Hysterectomy (removal of uterus)			
11. Back/flank pain				31. Surgery of urinary incontinence			
12. Burning with urination				<b>MEN</b> – Do you have any of the following:			
13. Slow urinary stream				32. Family history of prostate cancer			
14. Stream that starts and stops				33. Vasectomy			
15. Waking up at night more than twice (2x) to urinate				<b>IMAGING:</b> In the past 6 months, have you had any of the following tests			
16. More frequent urination than usual				34. Ultrasound of the kidney			
17. Sensation of incomplete bladder emptying				35. CT scan of the abdomen or kidneys			
18. Difficulty postponing urination							
19. Urinary leakage (incontinence)							
20. Do you need to wear pads?							

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

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**PLEASE COMPLETE ALL PAGES**