MountainStar
Ogden Specialty Clinic
affiliated with Ogden Regional Medical Center

PATIENT INFORMATION FOR UROLOGY - FEMALE

Name: _____ Date of Birth: _____

Date: _____ Primary Care Physician: _____

Social Security #: _____ ☐ Working Work #: ( )

Occupation: _____ ☐Retired

Whom to Notify in an emergency: _____ Relationship to patient: _____

Emergency contact's phone #'s:

Home: ( )
_____

Work: ( )
_____

Cell: ( )
_____

Name of the physician who referred you: _____

What is the reason for your visit today?

_____

Are you currently experiencing any of the following symptoms?

- ☐ Excessive daytime frequency
- ☐ Urgency to void / urinate
- ☐ Burning / pain with urination
- ☐ Getting up at night to void
  How many times:
  _____
- ☐ Excessive dribbling
- ☐ Straining to urinate
- ☐ Interrupted stream
- ☐ Sense of incomplete emptying
- ☐ Blood in urine
- ☐ Urinary tract infections (UTI)
- ☐ Kidney stones

☐ Urinary incontinence

How many times have you been pregnant? _____

How many vaginal deliveries? _____ C-sections? _____

Date of last menstrual period: _____

Is there a possibility that you are pregnant? ☐ Yes ☐ No

Do you take any medications, including aspirin? (Medication/Dose)

_____ _____

_____ _____

_____ _____

_____ _____

Are you allergic to any medications? ☐ Yes ☐ No

If yes, which medications?

_____

Latex sensitivity? ☐ Yes ☐ No