



MELISSA SLATTERY

MICHELLE WELLMAN

Suite 1,
142 Melbourne Street
North Adelaide 5006
P. 08 8361 7866
F. 08 8361 7999
E. maslattery@bigpond.com
www.melissaslattery.com.au
www.michellewellman.com.au

URINARY INCONTINENCE QUESTIONNAIRE

Please complete this form and return it to the rooms prior to, or at the time of your consultation.

Name & Contact Details:

Patient Profile: _____

Name _____

DOB _____

Number of pregnancies _____ Number of children _____ Weight of heaviest child _____

Symptom:

How long have you had trouble with urinary incontinence? _____

Do you currently need to wear pads for protection? _____

How many times do you need to go to the toilet? _____ daytime _____ nighttime

Have you had to limit any activities because of incontinence? _____

How many cups of tea and coffee do you have per day (combined)? _____

In which situations do you experience incontinence?: coughing/ sneezing exercise minimal activity eg walking

at rest on the way to the toilet at night with intercourse

How often do you experience incontinence per day on average? _____

Are you able to "hold off" when you need to urinate? _____

Do you have difficulty starting or need to strain to pass urine? _____

Does the flow rate of urine seem slow? _____

Are you able to stop the flow during urination? _____

Do you experience urine dribbling at the end of urinating? _____

Do you feel that your bladder empties completely? _____

Have you experienced urinary tract infections? _____ If so, how many in the past year? _____

Do you experience pain with urination? _____

Has there ever been blood in your urine? _____

Do you have back pain? _____

Previous investigations and treatment:

What kind of health care provider have you previously seen in relation to this problem? GP Gynaecologist

Physiotherapist alternative therapist eg. Naturopath other _____

What previous investigations have you had? Eg Xrays, ultrasound, urodynamics _____

What previous treatment have you had if any? drug treatment surgery physiotherapy _____

Did previous treatments help? _____

Urinary frequency/ volume measurement and fluid intake record: _____

Prior to your appointment please keep a recorded measurement of all urinary volumes passed and fluid drunk for 2 consecutive days. When completed return the record to the rooms or bring it with you at the time of your appointment.