



# Pediatric Urology FOLLOW-UP VISIT FORM

Name
MR#
D.O.B.:

In order to save time and improve medical care, please answer all of the following questions.

Date: \_\_\_\_\_

Primary Care Doctor / Pediatrician:

\_\_\_\_\_

### Urination:

- Diapers
  - Urinates in the toilet
  - Catheter drainage
    - \_\_\_ times per day **or** every \_\_\_ hours
    - \_\_\_ French  straight or  curve tip
  - Problems with catheter \_\_\_\_\_
  - Leakage of urine (accidents)
    - \_\_\_ times per day **or** \_\_\_ times per week
    - Is this a recent change?  yes  no
- Happy with the current urination program?
- yes  no

### Bowel Function

- Diapers
  - In the toilet
  - How often? \_\_\_\_\_
- Bowel program:
- Diet
  - Suppositories: \_\_\_\_\_
  - Enema
  - Medication: \_\_\_\_\_
- Happy with the current bowel program?
- yes  no

### List surgeries since last visit to this clinic

Surgery	Date
_____	_____
_____	_____
_____	_____

### List new medical problems since last visit

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### List all medications

Drug	Dose
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Allergies:

Latex:  Precaution  Reaction

Medication allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Up to date on immunizations?

Yes  No

Please turn to the other side ➡

**Does your child have any of the following problems? Explain in space to right.**

**Constitutional Symptoms**

- Fever  Y  N
  - Weight changes  Y  N
  - Feeding/eating problems  Y  N
  - Headaches  Y  N
- Other: \_\_\_\_\_

**Eyes**

- Blurred / Double Vision  Y  N
  - Pain  Y  N
- Other: \_\_\_\_\_

**Allergic/Immunologic**

- Hay Fever  Y  N
- Other: \_\_\_\_\_

**Neurological**

- Seizures  Y  N
  - Weakness  Y  N
  - Numbness/tingling  Y  N
- Other: \_\_\_\_\_

**Endocrine**

- Excessive thirst  Y  N
  - Too Hot/Cold  Y  N
  - Tired/Sluggish  Y  N
- Other: \_\_\_\_\_

**Gastrointestinal**

- Abdominal Pain  Y  N
  - Nausea/Vomiting  Y  N
  - Constipation  Y  N
- Other: \_\_\_\_\_

**Cardiovascular**

- Chest Pain  Y  N
  - Heart Murmur  Y  N
  - High Blood Pressure  Y  N
- Other: \_\_\_\_\_

**Skin**

- Skin Rash / Boils  Y  N
  - Lasting Itch  Y  N
- Other: \_\_\_\_\_

**Musculoskeletal**

- Joint Pain  Y  N
  - Neck Pain / Back Pain  Y  N
- Other: \_\_\_\_\_

**Ear/Nose/Throat/Mouth**

- Ear infection  Y  N
  - Sore Throat  Y  N
  - Sinus Problems  Y  N
- Other: \_\_\_\_\_

**Genitourinary**

- Urine Infection  Y  N
  - Wetting Accidents  Y  N
  - Urinary Frequency  Y  N
- Other: \_\_\_\_\_

**Respiratory**

- Wheezing  Y  N
  - Frequent Cough  Y  N
  - Pneumonia  Y  N
- Other: \_\_\_\_\_

**Hematologic/Lymphatic**

- Swollen Glands  Y  N
  - Blood Clotting Problem  Y  N
- Other: \_\_\_\_\_

**Psychologic**

- Personality changes  Y  N
  - Hyperactivity  Y  N
  - Difficulty concentrating  Y  N
  - Memory trouble  Y  N
- Other: \_\_\_\_\_