

**MALE UROLOGICAL WORK-UP**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Family or Referring Doctor: \_\_\_\_\_

Do you have family history of cancer? Prostate, Bladder, Kidney \_\_\_\_\_ Yes No  
 High Blood Pressure? \_\_\_\_\_ Yes No  
 Do you Smoke? \_\_\_\_\_ Yes No  
 Have you ever had?  
     High Blood Pressure \_\_\_\_\_ Yes No  
     Kidney Infection \_\_\_\_\_ Yes No  
     Kidney Stones \_\_\_\_\_ Yes No  
     Bladder Infection \_\_\_\_\_ Yes No  
     Prostate Infection \_\_\_\_\_ Yes No  
     Other Prostate Troubles \_\_\_\_\_ Yes No  
     If so, what \_\_\_\_\_ Yes No  
     Urethral Stricture \_\_\_\_\_ Yes No  
     Swelling of one testicle \_\_\_\_\_ Yes No  
     Or Both \_\_\_\_\_ Yes No  
     Problem with infertility \_\_\_\_\_ Yes No  
     Number of Children \_\_\_\_\_ Yes No  
 What volume do you void each time-cup or more, 1/2 cup, few oz. or less? \_\_\_\_\_ Yes No

**DO YOU HAVE TO:**

Push to get the urine started (strain to pass your water)? \_\_\_\_\_ Yes No  
 Urinate more frequently than normal? \_\_\_\_\_ Yes No  
 Get up at night to urinate? \_\_\_\_\_ Yes No  
 If yes, circle number of times:   1    2    3    4    5    6    7    or more  
 Go immediately when you get the urge? \_\_\_\_\_ Yes No  
 During the day, how often do you urinate? 1    2    3    4    5    6    7    or more

**HAVE YOU HAD, OR DO YOU HAVE:**

Take longer to empty the bladder than normal? \_\_\_\_\_ Yes No  
 A decrease in the size of your stream? \_\_\_\_\_ Yes No  
 A feeling of not emptying your bladder? \_\_\_\_\_ Yes No  
 Trouble starting the stream? \_\_\_\_\_ Yes No  
 Wait for stream to start? \_\_\_\_\_ Yes No  
 Does the stream stop and go, or come out in spurts? \_\_\_\_\_ Yes No  
 Dribbling at the end of the urination? \_\_\_\_\_ Yes No  
 Pain or burning with urination \_\_\_\_\_ Yes No  
 If yes, during or after (circle one)  
 Pain?    Back    Abdomen    Above the pubis or penis    Scrotum  
 Blood in urine? \_\_\_\_\_ Yes No  
 If yes, was it throughout the stream? \_\_\_\_\_ Yes No  
 At the beginning only? \_\_\_\_\_ at the end only? \_\_\_\_\_  
 Bloody sperm? \_\_\_\_\_ Yes No

Have you ever seen a Urologist or Kidney specialist before? \_\_\_\_\_ Yes No  
 If so Whom? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever had an IVP? (Kidney X-Rays) \_\_\_\_\_ Yes No

Have you ever had urinary surgery? \_\_\_\_\_ Yes No

Rev 10/10 If so, When? \_\_\_\_\_ For What? \_\_\_\_\_

# Are you bothered by urinary symptoms? Take this test – you may have BPH

**BPH** (*benign prostatic hyperplasia*) is a non-cancerous enlargement of the prostate that occurs in many men over the age of 50.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Use this form to assess your symptoms, and share your result with your doctor.**

**To use this symptom scorecard:** Circle one number in each line and add up all the circled numbers to get the total score. The total runs from 0 to 35 points with higher scores indicating more severe symptoms. Scores less than seven are considered mild and generally do not warrant treatment.

AUA BPH SYMPTOM SCORE*						
	NOT AT ALL	LESS THAN 1 TIME IN 5	LESS THAN HALF THE TIME	ABOUT HALF THE TIME	MORE THAN HALF THE TIME	ALMOST ALWAYS
<b>1. INCOMPLETE EMPTYING</b> – Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5
<b>2. FREQUENCY</b> – Over the past month, how often have you had to urinate again less than 2 hours after you finish urinating?	0	1	2	3	4	5
<b>3. INTERMITTENCY</b> – Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
<b>4. URGE TO URINATE</b> – Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
<b>5. WEAK STREAM</b> – Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5
<b>6. STRAINING</b> – Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
<b>7. URINATING AT NIGHT</b> – Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	0	1	2	3	4	5
<b>Symptom score:</b> 1-7 mild • 8-19 moderate • 20-35 severe			<b>TOTAL:</b> _____			

Rate the bothersomeness of your symptoms by circling the number below that best describes your feelings.

AUA BPH SYMPTOM SCORE*						
	DELIGHTED	PLEASED	MOSTLY SATISFIED	MIXED	UNHAPPY	TERRIBLE
<b>BOTHERSOMENESS OF URINARY SYMPTOMS</b> How would you feel if you had to live with your urinary condition the way it is now, no better, no worse, for the rest of your life?	0	1	2	3	4	5

For more information on BPH and its treatment, please visit  
**[www.Prolieve.com](http://www.Prolieve.com)**