

Urinary Incontinence Evaluation

Name:		Date:	Age:	
IIQ-7 Chores _____ Recreation _____ Entertain _____ Travel _____ Social _____ Emotional _____ Frustration _____	Summary of Incontinence Onset _____ Treatments _____ Self-help techniques _____		Habits (circle all that apply) Caffeine _____ Fluids per day _____ oz Bedtime fluids _____ oz Alcohol _____/day Tobacco _____/day	
	Precipitants (circle all that apply) Change position _____ Running _____ Sneeze, cough _____ Laugh _____ Lift _____ Bend down _____ Reaching _____ Rush to toilet _____ Running water _____ Wash hands _____	Bladder Diary _____ days Accidents _____ Voids _____ Pad Changes _____ UI symptoms (precipitants, impact, frequency, amount, voiding probs., bowel) ROS (neurologic (stroke, Parkinson's, memory loss), diabetes, CHF, obesity)		Bowels Straining <3/wk. _____ 7 days between _____ Enemas/lax _____ Incontinence _____
	Voiding Problems (circle all that apply) Damp w/o recog _____ Can hold: _____ Indefinitely _____ Few minutes _____ Minute or two _____ No full sensation _____ Nocturia _____	Positives (history, habits, pregnancies) _____ Medication Review (note beta blocker, sedative, narcotic, diuretic, anticholinergic, calcium channel blockers, OTC, cold remedy, herbals) _____		GU Hx. Bladder tumor _____ Pelvic XRT _____ Rec. UTI _____ Kidney stones _____
Trouble with: Starting _____ Slow stream _____ Discomfort _____ Hematuria _____ Inc. emptying _____			Women only No. of Pregnancies _____ Menopause? Y N _____ Age _____ (circle all that apply) Estrogens _____ FHx. CA breast _____ Suspension _____ Dilatation _____ Hysterectomy _____ Ovaries out _____	
			Men only Prostate surgery _____ Retention _____	

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Vital Signs	BP	P	T	Wt	Ht
Eyes <input type="checkbox"/> NI conjunctiva & lids Pupils <input type="checkbox"/> Pupils symmetrical, reactive Fundus <input type="checkbox"/> NI discs & pos elements			External genitalia <input type="checkbox"/> NI to inspection & palpation Skin irritation? <input type="checkbox"/> None Sensation <input type="checkbox"/> Normal fine touch Findings:		
ENT-External <input type="checkbox"/> No scars, lesions, masses Otoscopic <input type="checkbox"/> NI canals & tympanic membranes Hearing <input type="checkbox"/> NI to _____ Neck palp. <input type="checkbox"/> Symmetrical without masses Thyroid <input type="checkbox"/> No enlargement or tenderness					
Resp. effort <input type="checkbox"/> NI without retractions Chest percuss. <input type="checkbox"/> No dullness or hyperresonance Chest palp. <input type="checkbox"/> No fremitus Auscultation <input type="checkbox"/> NI bilateral breath sounds w/o rales			GU female Int. inspection <input type="checkbox"/> NI bladder, urethra, & vagina Uterus <input type="checkbox"/> NI size, position, w/o tenderness Adnexa <input type="checkbox"/> No masses or tenderness Pelvic mm. <input type="checkbox"/> NI pressure, displacement, duration Provocative test <input type="checkbox"/> No loss with cough, stand, heel bounce Findings (inflammation, prolapse, weakness):		
Heart palp. <input type="checkbox"/> NI location, size Cardiac ausc. <input type="checkbox"/> No murmur, gallop, or rub Carotids <input type="checkbox"/> NI intensity w/o bruit Pedal pulses <input type="checkbox"/> NI posterior tibial & dorsalis pedis					
Breasts <input type="checkbox"/> NI inspection & palpation			Rectal examination Sphincter <input type="checkbox"/> Normal appearance and squeeze Stool? <input type="checkbox"/> None in rectum Males only Prostate <input type="checkbox"/> Normal size, no nodules Rectal Findings:		
Abdomen <input type="checkbox"/> No masses or tenderness L/S <input type="checkbox"/> No liver/spleen palpable Hernia <input type="checkbox"/> No hernia identified Bladder <input type="checkbox"/> Not enlarged MS Gait <input type="checkbox"/> NI gait & station Nails <input type="checkbox"/> No clubbing, cyanosis					
Neurologic <input type="checkbox"/> NI alertness, attentive Cranial nerves <input type="checkbox"/> w/o gross deficit Coordination <input type="checkbox"/> NI rapid alternating movement DTR's <input type="checkbox"/> Symmetrical, ___ (scale: 0-4+) Sensation <input type="checkbox"/> NI touch, proprioception			Residual urine volume: _____ ml. by: cath US Urinalysis <input type="checkbox"/> Normal Findings:		
Diagnostic Assessment			Plan: Behavioural, Meds, Education, Referral, Follow-Up		