

# LUTS (Lower Urinary Tract Symptoms) Investigation Form

Bridgwater

To request open access investigations of flow rate and residual volume: tick here <input type="checkbox"/>	Send to Bridgwater Community Hospital.
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To provide information related to a referral for a urological consultation: tick here <input type="checkbox"/>	Send with your referral letter.	If your patient has previously attended the open access flow clinic: tick here <input type="checkbox"/>
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GP	<input type="text"/>	Date of request	<input type="text"/>
Patient's name	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>		
	Postcode	<input type="text"/>	

International Prostate Symptom Score (IPSS)	None	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Score
<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	<input type="text"/>
<b>2. Frequency</b> Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	<input type="text"/>
<b>3. Intermittency</b> Over the past month, how often have you found that you stopped and started again several times when you urinated?	0	1	2	3	4	5	<input type="text"/>
<b>4. Urgency</b> Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	<input type="text"/>
<b>5. Weak Stream</b> Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	<input type="text"/>
<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	<input type="text"/>
<b>7. Nocturia</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?	None	x1	x2	x3	x4	5+	<input type="text"/>
	0	1	2	3	4	5	<input type="text"/>
<b>Total IPSS score</b>							<input type="text"/>

Quality of life due to urinary symptoms								QoL
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	Delighted	Pleased	Mostly satisfied	Mixed feelings	Mostly dissatisfied	Unhappy	Terrible	<input type="text"/>
	0	1	2	3	4	5	6	

Rectal examination (see over)	<input type="text"/>
Urinalysis	<input type="text"/>
PSA test (see over)	<input type="text"/>

<b>Date of flow clinic</b>	<input type="text"/>
<b>1 Max flow</b>	<input type="text"/>
<b>2 Max flow</b>	<input type="text"/>
<b>Voided volume</b>	<input type="text"/>
<b>Post-micturition residual volume</b>	<input type="text"/>
<b>Voided volume</b>	<input type="text"/>
<b>Post-micturition residual volume</b>	<input type="text"/>