METROVAN UROLOGY metrovanurology.com
#650 – 6091 Gilbert Road
Richmond, B.C. V7C 5L9
Tel: **604 273 4320**
Fax: 604 273 7599

Urinary Stones

PURPOSE: Collect relevant information on kidney stones

SECTION 1: Previous stones
☐ I have not had any stones in the past/this is my first stone → SKIP THIS SECTION

Date (approximate)	Side	Treatment
________ ________ Month Year	☐ LEFT ☐ RIGHT ☐ BOTH ☐ Not sure/can't recall	☐ None – stone passed on its own ☐ Shock (sound) wave treatment (ESWL) ☐ Surgery (e.g. ureteroscopy) ☐ Not sure/can't recall
________ ________ Month Year	☐ LEFT ☐ RIGHT ☐ BOTH ☐ Not sure/can't recall	☐ None – stone passed on its own ☐ Shock (sound) wave treatment (ESWL) ☐ Surgery (e.g. ureteroscopy) ☐ Not sure/can't recall
________ ________ Month Year	☐ LEFT ☐ RIGHT ☐ BOTH ☐ Not sure/can't recall	☐ None – stone passed on its own ☐ Shock (sound) wave treatment (ESWL) ☐ Surgery (e.g. ureteroscopy) ☐ Not sure/can't recall

SECTION 2: If you have RECENTLY had pain related to a kidney stone, please provide details:
☐ I have not had any pain → SKIP THIS SECTION

Date of onset: _________________ Date pain went away: __________________ ☐ I am still having pain

Location of pain (check all that apply)

LEFT	RIGHT
☐ Upper back	☐ Upper back
☐ Lower back	☐ Lower back
☐ Upper abdomen	☐ Upper abdomen
☐ Lower abdomen	☐ Lower abdomen
Other:	Other:

Have you had any of the following over the past week or so?
- ☐ Visible blood in the urine (hematuria)
- ☐ Nausea and/or vomiting
- ☐ Fever documented above 38 C (100 F)
- ☐ Sensation of needing to urinate frequently

SECTION 3: Diet – Do any of the following apply to you? (check all that apply)
☐ I don't drink very much fluid during the day
I tend to eat lots of the following:

☐ Spinach	☐ Nuts	☐ Salt
☐ Rhubarb	☐ Chocolate	☐ Animal meat (>6 ounces/day)
☐ Beet roots or leaves	☐ Beans, peanuts	

Have you had any of the following conditions in the past? (check all that apply)
- ☐ Bladder or kidney infection
- ☐ Gout
- ☐ Inflammatory bowel disease (ulcerative colitis or Crohn's disease)

PLEASE COMPLETE ALL PAGES