

Print Clearly:
 Patient Name: _____ F M _____
 Date of Birth (mm/dd/year) _____

PHN # _____ MRN # _____

Address: _____ Tel: (w) _____ (h) _____

Referring Physician: _____ Family Physician: _____

Exam requested:

Flow Rate & PVR NCA – Nurse Continence Advisor

Urodynamics

CIC Teaching (see below)

Bladder Instillation (fill out pre-printed orders sheet for BI)

Patient History:

Incontinence LUTS (frequency, nocturia, urgency)

Obstruction Hx of UTI Other

Disabilities: No Yes Specify: _____

Mobility: independent cane or walker wheelchair

Transfer: 1-person 2-person

Language: English Other English speaking interpreter needed

CIC Protocol:

TID CIC initially then Increase frequency if PVR is greater than 300 mls

Decrease frequency if PVR is less than 150 mls 14F straight clear catheter will be used

If you prefer a different protocol, please specify:
 14 french 16 french 18 french 20 french

Brief History:
