

Urinary System

Name: _____ Date: _____

Age: _____ Gender: _____

Review of history related to urinary system:

YES/ NO	If YES, provide details:
<input type="checkbox"/> <input type="checkbox"/>	Kidney disease _____
<input type="checkbox"/> <input type="checkbox"/>	Bladder infection _____
<input type="checkbox"/> <input type="checkbox"/>	Cancer history _____
<input type="checkbox"/> <input type="checkbox"/>	Change in urinary patterns _____
<input type="checkbox"/> <input type="checkbox"/>	Congenital urinary problems _____
<input type="checkbox"/> <input type="checkbox"/>	Bladder control _____
<input type="checkbox"/> <input type="checkbox"/>	Problems with urine stream _____
<input type="checkbox"/> <input type="checkbox"/>	Urinary frequency _____
<input type="checkbox"/> <input type="checkbox"/>	Infection _____
<input type="checkbox"/> <input type="checkbox"/>	STD history _____
<input type="checkbox"/> <input type="checkbox"/>	Prostate problems _____
<input type="checkbox"/> <input type="checkbox"/>	Edema _____

Females, Last Menstrual Period: _____

Problem Statement

Focused symptom analysis of current problem:

Reason for visit: _____

Character: _____

Onset: _____

Duration: _____

Location: _____

Severity: _____

Associated problems: _____

Efforts to treat: _____

Physical Assessment

Inspection

Skin (color, odor): _____

Abdomen (symmetry, contour, scars, enteral tubes, lesions, suprapubic distention): _____

Auscultation (renal arteries for bruits): _____

Inspection/Palpation

Costovertebral angles (symmetry, tenderness): _____

Kidney palpation (abdominal/flank palpation to identify size and placement, right and left):

Urinary bladder palpation (size, symmetry, tenderness): _____

Percussion

Costovertebral angles (fist percussion for tenderness): _____

Analysis: _____
