Urinary System

Name: _____ **Date:** _____

Age: _____ **Gender:** _____

Review of history related to urinary system:

YES/ NO			If YES, provide details:
☐	☐	**Kidney disease**	_____
☐	☐	**Bladder infection**	_____
☐	☐	**Cancer history**	_____
☐	☐	**Change in urinary patterns**	_____
☐	☐	**Congenital urinary problems**	_____
☐	☐	**Bladder control**	_____
☐	☐	**Problems with urine stream**	_____
☐	☐	**Urinary frequency**	_____
☐	☐	**Infection**	_____
☐	☐	**STD history**	_____
☐	☐	**Prostate problems**	_____
☐	☐	**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: _____

_____

_____

_____