

Patient Information

Haematuria Clinic Questionnaire

Date of Clinic attendance:

Patient

General Practitioner (GP)

Name

Name

Address

Address

Tel No:

Tel No:

Date of Birth

GP Practice code

Your doctor has sent you to this clinic because of blood in your urine (haematuria). You may have seen this blood yourself or it may have been detected in a urine specimen (microscopic haematuria). Please answer the following questions as fully as possible.

When did you or your doctor, first notice blood in your urine?

.....

How many times has blood been seen or found in your urine?

.....



Patient Information

Please tick one of the following boxes relating to each question

	Yes	No	Don't know
Have you ever seen blood in your urine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was the blood accompanied by?

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| • Burning or pain in your water pipe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pain in your lower abdomen (bladder pain) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pain in your back (kidney pain) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pain anywhere else? (If yes please specify below) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
-
-

(Please tick one of the following boxes relating to each question)

	Yes	No	Don't know
Have you passed clots of blood in your urine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you noticed any blood in your semen (ejaculate)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had kidney or bladder stones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had urinary infections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had operations on your kidneys, bladder, or prostate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have, please write down what operation was and when and where it was done

.....

.....

.....

Patient Information

Please list any medical problems (e.g. diabetes, high blood pressure, angina)

.....
.....
.....
.....

Please list any medication you are taking, stating the dose. .

.....
.....
.....
.....

Are you on any blood thinning medication e.g Warfarin, Aspirin, Clopidogrel, or Rivaroxaban

.....

Do you have an allergy?

.....

Patient Information

Are you a smoker (Please circle) Yes No

If yes how many do you smoke a day?

Have you ever been a smoker Yes No

Is there anything else you feel that we should know to help us to decide what has caused the blood in your urine?

.....
.....

How many times do you pass urine during the day?

How many times do you have to get up at night to pass urine?

Please tick one of the following boxes relating to each question

	Yes	No	Don't know
Is there a delay before you can pass urine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your urine flow easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your stream start and stop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you empty your bladder completely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you dribble at the end of urination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have to rush to the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient Information

Do you wet yourself before reaching the toilet

Do you leak urine if you cough, sneeze, laugh etc?

Do you have a burning sensation when passing urine?

Do you have any concerns or comments about your visit today?

.....
.....
.....
.....

Patient Information

Operation Note

Procedure: **Flexible Cystoscopy**

Surgeon

Anaesthetic: Topic lignocaine gel

Antibiotic given? (please state)

Findings

Urethra

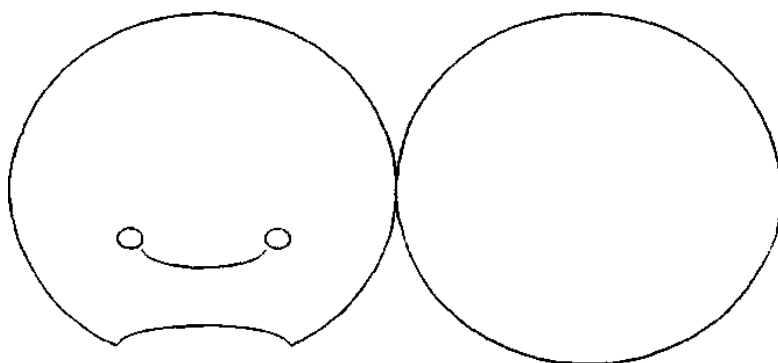
Prostate

Bladder Please draw in site and size of any pathology. Mark biopsy sites with x

Biopsies taken

Yes

No



Diagnosis

A large empty rectangular box for writing the diagnosis.

Plans for patient follow-up

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact us on 024 7696 4699 or 024 7696 6831 and we will do our best to meet your needs.

The Trust operates a smoke free policy

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

Document History

Department:	Urology
Contact:	25149
Updated:	April 2021
Review:	April 2023
Version	5.1
Reference:	HIC/LFT/845/09