

History Form For Patients With Interstitial Cystitis

If you have urinary frequency or pain, please fill this out prior to your visit.

When was your bladder last "normal"? Date: _____

How frequently do you go to the bathroom during the day? Every _____ minutes.

How many times do you get up at night to urinate? _____

On the average, how many times do you urinate in twenty-four hours? _____

Please list all medications that you are currently taking along with their dosages. We need to know every medication whether it is an alternative medicine, an herbal medicine, an over the counter medicine, or a prescription medicine.

Do you have any bowel problems? Do you have diarrhea? ___ Do you have constipation? ___
Have you seen a GI doctor in the last year? ___ Have you had a Colonoscopy in the last two years? ___

Do you have any gynecologic problems? ___ Does your pain occur at a particular time during your menstrual cycle? ___ When was your last monthly period? ___ Could you be pregnant? ___ When was your last visit to the gynecologist? ___ When was your last pelvic ultrasound? ___

Do you have pelvic pain? ___ If so, where? ___
Please try to calibrate the degree of your pelvic pain. #1=minor #10=very bad. Your pain today is what # on the scale? ___ Your pain is usually what # on the scale? ___ How many days per month do you have the pain? ___

Does your bladder hurt when it is full? _____

Has any prior treatment ever helped you? _____

Has any prior treatment ever made your condition worse? _____

Have you ever had a potassium sensitivity test? ___ Have you ever had a bladder biopsy? ___

Have you ever been diagnosed with Depression ___ Fibromyalgia ___

Headaches ___ Irritable Bowel Syndrome ___ Gluten sensitivity ___

History Form For Patients With Interstitial Cystitis

Please fill out this form and circle any treatment that you have ever had

Treatments	Helped Me	Hurt Me	Had No Effect	How long did you use this therapy?
Urimax				
Urelle				
Pyridium				
Pyridium Plus				
Ditropan XL				
Detrol				
Vesicare				
Oxytrol patch				
Sanctura				
Enablex				
Elmiron				
Atarax (Hydroxyzine)				
Neurontin				
Elavil (Amitriptyline)				
Tagamet (Cimetidine)				
Ultram				
Flomax				
Uroxatral				
Cysta Q				
Cystastat				
The IC diet				
Bladder cocktails				
What kind?				
How many?				
Any herbal remedies				
Steroids (Prednisone)				
Botox				
Antidepressants of any type				
Preliel				
Heat				
Ice				
Exercise				
Yoga				
Meditation				
Therapy (Psychiatry)				
Acupuncture				
Pain Clinic				
Hypnotherapy				
Physical Therapy				
Chiropractic				
Surgery				
Hydrodistension				
Bladder irrigation				

History Form For Patients With Interstitial Cystitis

Please list any surgeries that you have ever had, particularly involving the bladder, GYN organs or colon.

Description	Year
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	