

PATIENT NAME: _____ DOB: _____ DATE: _____

KIDNEY/URETERAL STONE

CHIEF COMPLAINT: _____

HPI ONSET: _____

LOCATION OF PAIN: _____

SCALE OF PAIN 1-10 (10-MOST SEVERE): PRESENT: _____ INITIALLY: _____

GROSS HEMATURIA: YES _____ NO _____
FEVER/CHILLS: YES _____ NO _____
NAUSEA/VOMITING: YES _____ NO _____
VOIDING PROBLEMS: YES _____ NO _____

SYMPTOMS: _____

PREVIOUS HX OF STONE: YES _____ NO _____ HX OF DIARRHEA: YES _____ NO _____

IF YES, WHEN: _____ SMALL BOWEL DISEASE: YES _____ NO _____

PREVIOUS STONE SURGERY: YES _____ NO _____ ANTACID ABUSE: YES _____ NO _____

PREVIOUS STONE TYPE: _____ DIETARY EXCESSES: YES _____ NO _____

FAMILY HX OF STONE: YES _____ NO _____ STEROID USE: YES _____ NO _____

HX OF URINE INFECTION: YES _____ NO _____ MAJOR ORTHOPEDIC PROBLEMS: YES _____ NO _____

PREVIOUS X-RAY: YES _____ NO _____

Patient Name: _____

Date of Birth: _____