



Fast Facts

Fast Facts help us quickly address your needs at this visit

What are your top 3 concerns with your bowels and bladder?

1. _____

2. _____

3. _____

What medications are you taking?

Do you use the toilet? How often do you use a catheter?

Do you have dribbling, leaking or wetting during the day or night?

How often do you poop? How big is it? Is it soft or hard?

Do your bowels and bladder affect how you feel about yourself? Do they affect what activities you choose to do at home or at school or with friends?

Has anything changed with your bathroom activities since we last saw you?

Is there anything else you would like to share with us today?

