

STONE FLOW SHEET

Patient: _____ **D.O.B.:** _____

Approximate Dates Only

1st Stone _____ # Stone(s) passed during past 3 years: _____

2nd Stone _____ Total number of stones: _____

3rd Stone _____ # Stone(s) passed spontaneously: _____

4th Stone _____ # Episode(s) colic req. meds past 3 years: _____

Urologic Procedure Surgery	ESWL-Side & Dates	Hospitalization/Reason to stones

Types of Stones: Struvite Ca OX Uric Acid Unknown

Past Therapy (Give Dates)

- K citrate _____
- Allopurinol _____
- Ca Citrate _____
- Thiazides _____
- Phosphates _____
- Magnesium _____

Current Medications:

Allergies: _____

Medical History (Give Dates)

Gout: _____
Intestinal Disease: _____
Crohn's: _____
Ulcerative Colitis: _____
Chronic Diarrhea: _____
Intestinal Bypass: _____
Severity of Diarrhea: _____
Ulcers: _____

Frequent Urine Infections: _____
Primary Hyperparathyroidism: _____
Diabetes: _____
Hypertension: _____
Endocrine: _____
Osteoporosis: _____
Kidney disease: _____
Pagets: _____

Family History

Gout _____	Intestinal disease _____	Diabetes _____
Primary Hyperparathyroidism _____		Ulcers _____
Endocrine _____	Osteoporosis _____	Kidney Disease _____
Stones _____	Pagets _____	

Dietary Habits

Water _____	Salt (L(M)(H) _____
Tea _____	Yogurt _____
Coffee _____	Meat Intake _____
Coke _____	Nuts _____
Soda _____	Chocolate _____
Milk _____	Spinach _____
Alcohol _____	Cheese _____
Fruits _____	Mexican Foods _____
Ice Cream _____	Italian Food _____

Exercise (types & frequency)

Jogging _____
Walking _____
Tennis _____
Weight lifting _____
Golf _____
Bicycling _____
Swimming _____
Other _____
Other _____

Do you take? (Types & Dose)

Antacids _____
Vitamins _____
Vitamin D _____
Calcium _____
Protein Supplements _____
Herbal Supplements _____