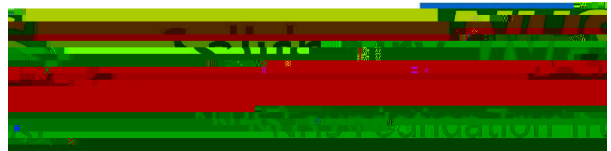
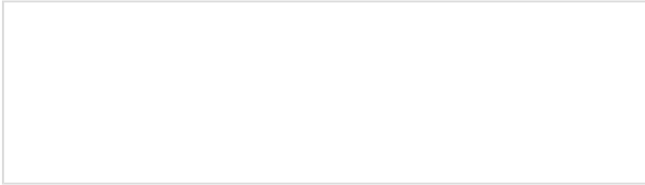


Appendix 1

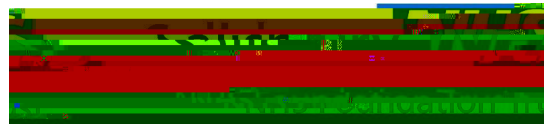


Department of Urology

Das 29 645 0111. 69 261 (3) J 25 (3205 66297) 67 770.

**Symptoms:**

**Effect of symptoms:**



To be completed by clinician

**Timing of this appointment:**

- Pre re en
- ee s.s.nce re en
- on hs s.nce re en
- on hs s.nce re en
- 9 on hs s.nce re en
- l on hs s.nce re en
- l on hs s.nce re en
- M.n en nce

**Consultant Firm:**

- P
- M
- CAC
- MES
- MCD

**Management**

**Oral Treatment**

- E ron
- A rpy.ne
- pen.n
- Prophy c.c An .o.c
- Other . . . . .

**Intravesical Treatment**

- r cys
- l r.
- Other . . . . .

**NB: Clinicians - Please enter symptom and problem scores in notes and return completed forms in folder to the urology office for processing**