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AlfredHealth Alfred Sandringham Caulfield
Unit:
BLADDER CHART: TICK CMR083

UR:			
Surnam	e		
Given N	ames		

Day 1

We need to know how often you are passing urine and having bladder accidents. We also need to know how much fluid you are drinking. Please keep this for 2 days.

Date	L	URINE PASSED			FLUID INTAKE		
Time:	ne: Please tick when you pass urine into the toilet Please indicate by tickin your Pad/Pants are		icking(√) if s are:	Amount	Type of drink Eg-Tea, Coffee, Juice		
		Dry	Damp	Wet			
eg:1.00 AM	1.20 AM√		1/		100 mls	Water	
0100 AM			_				
0200 AM							
0300 AM							
0400 AM							
0500 AM							
0600 AM							
0700 AM							
MA 0080							
0900 AM							
1000 AM							
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1200 PM							
1 PM							
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3 PM							
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5 PM							
6 PM							
7 PM							
8 PM							
9 PM							
10 PM							
11 PM							
12 PM							

Alfred Health
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Unit:
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Surnam	е		
Given N	lames		

Day 2

We need to know how often you are passing urine and having bladder accidents. We also need to know how much fluid you are drinking. Please keep this for 2 days.

Date	U	URINE PASSED			FLUID INTAKE		
Time:	Please tick when you pass urine into the toilet	Please indicate by ticking(√) if your Pad/Pants are:		Amount	Type of drink Eg-Tea, Coffee, Juice		
		Dry	Damp	Wet			
eg:1.00 AM	1.20 AM√		√		100 mls	Water	
0100 AM							
0200 AM							
0300 AM							
0400 AM							
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0600 AM							
0700 AM							
0800 AM							
0900 AM							
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1100 AM							
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12 PM							