

Bladder Diary

1. Please fill out the bladder diary for 3 days. You MUST fill in the Date and Time.
2. It is required for the treatment of your bladder condition.
3. Once complete, call the overactive bladder patient navigator at 210-614-4544 ext. 1634 or email to OAB@urologysa.com.

Name: _____ Date: _____

Date	Time	Strong urge to urinate?	Accidental leaks?	Average # of pads used?
1/1	6:00 AM	Yes	Yes - Medium	2

