



Self-Emptying Leg Bag System

Catheter Information

Type _____

Date inserted _____ Next change _____

Brand _____ Size _____

Length _____ Balloon size/volume _____

Prescribing physician _____ Phone _____

Other care provider _____ Phone _____

Last diagnosed urinary tract infection date _____

Culture? YES NO Fever? YES NO

Flank pain? YES NO Bladder pain? YES NO

Feeling generally sick? YES NO Blood in urine? YES NO

New odor? YES NO Cloudy/new sediment? YES NO

Antibiotic _____ How long (days) _____

Antibiotic _____ How long (days) _____

Last urinary ultrasound date _____ Where done _____

Other urinary studies or imaging:

Test	Date	Where done

Suppliers

Item	Brand	Company	Phone	Next order date
Catheters				
Leg bags				
Night bags				
Other accessories, valves, etc				

To learn more, visit www.MelioLegBag.com or email info@MelioLegBag.com