

**UROLOGY PATIENT INTAKE FORM**

*Thank you for allowing me to evaluate your condition. I am committed to providing you with the best urologic care possible. I would appreciate having both sides completed*. Dr. Alexandra Rogers

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**Please describe the condition for which you are seeking medical advice and treatment:**

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| **Pelvic health**❑ Urgency ❑ Frequency ❑ Hesitancy  ❑ Prior Catheter Use for Retention ❑ Leakage of Urine  ❑ Daily ❑ Nightly ❑Weekly ❑Monthly  ❑ Leakage with movement or coughing❑ Pad Use # of Daytime Pads \_\_\_\_ # of Nighttime Pads \_\_\_\_ -Pad Type: Thin / Medium / Thick -Used Pads: Damp/ Wet/ Soaked ❑ Diaper Use # of Daytime Diapers \_\_\_\_\_ # of Nighttime Diapers \_\_\_\_\_❑ Prior Meds taken for leakage❑ UTIs # in the last year\_\_\_\_❑ Interstitial Cystitis❑ Pelvic Pain❑ Sexually Active ❑ Pain with Relations **Female Patients**❑ Deliveries -Vaginal #\_\_\_\_-C-Section #\_\_\_❑Hysterectomy❑Prior Vaginal Surgery\_\_\_\_\_\_\_\_\_\_\_❑ Abnormal Pap Smears❑Breast Cancer❑Bothersome Vaginal Bulge ❑Vaginal Dryness **Male Patients**❑Elevated PSA❑Prostate Cancer❑Prostate Surgery❑Erectile Dysfunction  |
| **UROLOGIC HISTORY**❑ Blood in Urine❑ Kidney Stones❑ Bladder Cancer ❑ Prior Pelvic Radiation❑ Kidney Cancer **MEDICAL HISTORY** |
| ❑ Dry Mouth  |
| ❑ Dry Eyes  |
| ❑ Hypertension❑ Headaches ❑ Migraines ❑ Constipation ❑ IBS ❑ Fecal Incontinence ❑ Fecal Urgency ❑ Gastroparesis ❑ Multiple Sclerosis ❑ Stroke ❑ Parkinson’s Disease ❑ Memory Issues ❑ Myasthenia Gravis ❑ Glaucoma❑ Spinal Cord Injury❑ Fibromyalgia❑ Sjogren’s ❑ Diabetes ❑ Peripheral Neuropathy ❑ Kidney Disease ❑ Liver Disease ❑ Heart Attack ❑Pulmonary Embolism ❑DVT❑ Smoker ❑Past ❑Present ❑ Sleep Apnea ❑ Back Pain❑ Cancer: Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SURGICAL HISTORY**

❑ Appendectomy

❑ Cholecystectomy

❑ Hernia Repair

❑ Bowel Resection

❑Other Abdominal Surgeries

❑ Back Surgery

**MEDICATIONS**

❑ Blood thinner

 ❑ Aspirin

 ❑ NSAID

 ❑ Coumadin

 ❑ Plavix

 ❑ Pradaxa

 ❑ Eliquis

❑ Antiarrhythmic

❑ Oral Potassium

❑ Antihypertensive

❑ Steroids

❑ Metformin

❑ Narcotics

❑ Hormones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Other Meds:\_\_\_\_\_\_\_\_\_\_\_

**ALLERGIES**

❑ Iodine/Contrast

❑ Antibiotics

❑ Other Allergies \_\_\_\_\_\_\_\_\_\_\_

**PELVIC PAIN and URGENCY/FREQUENCY**

Please circle the answer that best describes how you feel for each question.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | How many times do you go to the bathroom during the day? | 3-6 | 7-10 | 11-14 | 15 |
| **2** | How many times do you go to the bathroom at night? | 0 | 1 | 2 | 3+ |
| **3** | If you get up at night to go to the bathroom, does it bother you? | Never | Occasionally | Usually | Always |
| **4** | Do you now or have you ever had pain or symptoms during or after sexual intercourse? | Never | Occasionally | Usually | Always |
| **5** | Has pain or urgency ever made you avoid sexual intercourse? | Never | Occasionally | Usually | Always |
| **6a** | Do you have pain associated with your bladder or in your pelvis? | Never | Occasionally | Usually | Always |
| **6b** | If you have pain, is it usually: | None | Mild | Moderate | Severe |
| **6c** | If you have pain, does your pain bother you? | Never | Occasionally | Usually | Always |
| **7a** | Do you still have urgency after going to the bathroom? | Never | Occasionally | Usually | Always |
| **7b** | If you have urgency, is it usually: | None | Mild | Moderate | Severe |
| **7c** | If you have urgency, does it bother you? | Never | Occasionally | Usually | Always |

**REVIEW OF SYSTEMS**

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| **GENERAL, CONSTITUTIONAL** | **GASTROINTESTINAL** | **NEUROLOGICAL** |  |
| ❑ Recent weight loss | ❑ Abdominal pain | ❑ Numbness or tingling sensations |  |  |  |
| ❑ Fever | ❑ Heartburn | ❑ Sensation loss |  |  |  |
| ❑ Chills | ❑ Bloody stool | ❑ Burning  |  |  |  |
| **EYES, VISION** | **GENITOURINARY** | **PSYCHIATRIC** |  |  |  |
| ❑ Visual Changes | ❑ Frequent urination | ❑ Nervousness, anxiety |  |  |  |
| **EARS, NOSE, THROAT** | ❑ Urgency | ❑ Depression |  |
| ❑ Hearing loss | **MUSCULOSKELETAL** | **ENDOCRINE** |  |  |
| **HEART, CARDIOVASCULAR** | ❑ Joint pain or swelling | ❑ Heat or cold intolerance |  |  |  |
| ❑ Chest pain or pressure | ❑ Restricted motion | ❑ Excessive thirst |  |  |  |  |
| ❑ Arrhythmia or palpitations | ❑ Musculoskeletal pain | **HEMATOLOGIC/LYMPHATIC** |  |
| ❑ Shortness of breath | **SKIN & INTEGUMENTARY** | ❑ Abnormal bleeding |  |  |
| ❑ Peripheral edema | ❑ Rashes | ❑ Bleeding |  |  |  |  |
| ❑ Blood clots | ❑ Sores | **ALL/IMMUN:** |  |
| ❑ Varicose Veins | ❑ Blisters | ❑ Allergic reaction |  |  |
| ❑ Cramping in thighs | ❑ Growths | ❑ Recurrent infections |  |
| **RESPIRATORY** |  |  |  |  |
| ❑ Cough |  |  |  |  |  |
| ❑ Shortness of breath |  |  |  |  |  |  |

❑ Wheezing