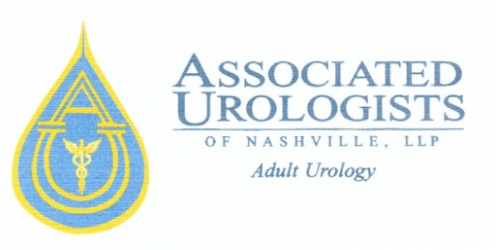
Female Annual Paperwork Packet | 2018

New Patient
Intake Form



Please Circle Race:
African American Asian
American Indian Black
Alaskan Native Hispanic
Native Hawaiian
Caucasian
Other Pacific Islander
Unknown
Other:_____

Please circle Ethnicity:
Hispanic Non Hispanic
Latino Unknown

Name:_____ Date of Birth: ____/_____/____

Age:_____ Weight:_____ Height:_____ Gender:_____

Primary Dr.:_____Referring Dr.:_____

What is the main reason for your visit?_____

Preferred Language:_____ Occupation:_____

MEDICATION & ALLERGY LIST

ALLERGIES: None Codeine IVP dye Latex Mycins Penicillin Sulfa Drugs
OTHER ALLERGIES: _____
_____
PHARMACY NAME & ADDRESS: _____
_____
PHARMACY PHONE & FAX NUMBERS:_____

DATE	PLEASE LIST CURRENT MEDICATIONS (Include over-the-counter drugs, vitamins, herbals)	DOSAGE	FREQUENCY	NOTES

Incontinence Symptom Index

This brief questionnaire is designed to assess the severity of your urinary incontinence (involuntary urine leakage). For each question, please mark the number associated with the response that best describes your voiding habits during the past month.

During the past Month…	Never	Rarely	Occasionally	About Half the time	Most or all the time
1. How Often has urine leakage occurred in association with any physical activity (such as lifting, bending, sitting down, standing up, exercise, etc) ?	⓪	①	②	③	④
2. How often has lifting light objections (such as a gallon of milk) caused you to leak urine?	⓪	①	②	③	④
3. How often has walking or light exercise caused you to leak urine?	⓪	①	②	③	④
	Never	Seldom	About once a week	About once a day	More than once a day
4. How often have you leaked urine because you could not wait to empty your bladder?	⓪	①	②	③	④
5. How often has a sudden urge to urinate caused you to leak urine?	⓪	①	②	③	④
6. How often have you leaked urine because you could not reach a bathroom in time?	⓪	①	②	③	④
	None	Thin Pad of tissue	Medium/Regular Pad	Large/Maxi Pad	Absorbent, disposable, undergarments
7. On average, what form of protection do you use to protect against wetness during the day?	⓪	①	②	③	④
	None	1 per day or less, or only for security	1 per day and it is usually wet	2-3 per day	4 or more per day
8. On average, how many of these (pads, tissues, disposable undergarments) would you use to protect against wetness during the day?	⓪	①	②	③	④
			Total Severity Score_____		
	Never	Rarely	Sometimes	Most of the time	All of the time
9. Overall, how often have you needed to change your daily activities because of your urinary incontinence?	⓪	①	②	③	④
	No problem	Very small problem	Small problem	Moderate problem	Big problem
10. Overall, how big of a social problem (anxiety, embarrassment, avoiding social activities) has your urinary incontinence been for you during the past month?	⓪	①	②	③	④
			Total Bother Score:_____		

International Prostate Symptom Score(IPSS)

_____ Circle the number that best applies to you.

Patient Name **Date**

	Not at all	Less than 1 time in 5	Less than ½ the time	About ½ the time	More than ½ the time	Almost always
1. Incomplete Emptying Over the last month, how often have you had a sensation of not emptying after you finish urinating?	⓪	①	②	③	④	⑤
2. Frequency During the last month, how often have you had to urinate again less than two hours after you finished urinating?	⓪	①	②	③	④	⑤
3. Intermittency During the last month, how often have you stopped and started again several times when you urinate?	⓪	①	②	③	④	⑤
4. Urgency During the last month, how often have you found it difficult to postpone urination?	⓪	①	②	③	④	⑤
5. Weak Stream During the last month, how often have you had a weak urinary stream?	⓪	①	②	③	④	⑤
6. Straining During the last month, how often have you had to push or strain to begin urination?	⓪	①	②	③	④	⑤
7. Nocturia During the last month, how many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	⓪	①	②	③	④	⑤

Add the score for each number above, and write the total in the space to the right.

TOTAL_____

SYMPTOM SCORE: 1-7=MILD 8-19=MODERATE 20-35=SEVERE

0=Delighted 1=Pleased 2=Mostly Satisfied 3=Mixed 4=Mostly Not Satisfied 5=Unhappy

8. Quality of Life How would you feel if you had to live with your urinary condition the way it is now, no better, no worse, for the rest of your life?	⓪	①	②	③	④	⑤