e Symptom Score (IPSS)

Patient Name: **Date of Birth:** **Age:** **Today's Date:**

Determine Your BPH Symptoms

Circle your answers and add up your scores at the bottom.

Over the past month	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
Incomplete emptying- How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
Frequency- How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
Intermittency- How often you have found you stopped and started again several times when you urinated?	0	1	2	3	4	5
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Weak stream- How often have you had a weak urinary stream?	0	1	2	3	4	5
Straining- How often have you had to push or strain to begin urination?	0	1	2	3	4	5
Sleeping- How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	None 0	One Time 1	Two Times 2	Three Times 3	Four Times 4	Five or More Times 5
Add Symptom Scores:	+	+	+	+	+	

Total International Prostate Symptom Score= ___

1-7 mild symptoms - 8-19 moderate symptoms - 20-35 severe symptoms

Quality of Life (QoL)	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatis-	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

Would you be interested in treatment options?	Yes	No

Other than water, what do you drink during the day? _____
e.g. 1 cup green tea, 12 oz Pepsi, 2 cans of beer _____

HASTING CURRY
MRN: 693368
DOB: 8/18/1951
MD: ANAND MOHAPATRA

IAL HEALTH INVENTORY FOR MEN (SHIM)

12/06/2023
08:30

_____ TODAY'S DATE: _____

PATIENT INSTRUCTIONS

Sexual health is an important part of an individual's overall physical and emotional well-being. Erectile dysfunction, also known as impotence, is one type of very common medical condition affecting sexual health. Fortunately, there are many different treatment options for erectile dysfunction. This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor.

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OVER THE PAST 6 MONTHS:

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2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	NO SEXUAL ACTIVITY	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
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1-7 Severe ED **8-11 Moderate ED** **12-16 Mild to Moderate ED** **17-21 Mild ED**

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e.g. Viagra 100mg, vacuum erection device, penile injections _____

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12/06/2023
08:30

Date:

Intake Form

Vitals:

BP:

HR:

WT:

HT:

O2:

Temp:

Pain:

Urine Collection:

Voided Volume (Hat):

Post Void Residual:

POP-Q

Aa_____	Ba_____	C_____
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Date: **12/06/2023 08:30**

CHECK OUT SHEET – UROLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY** ☐ **SAM KEUBLER (TOJINO PTS ONLY)**

Follow Up Time Frame:

☐ 1 WK ☐ 3-4 WKS ☐ 3-4 MO ☐ 1 YEAR ☐ ASAP ☐ XIAFLEX SCHEDULE
☐ 2 WKS ☐ 6-8 WKS ☐ 6-7 MO ☐ PRN ☐ NEXT AVAIL ☐ INTRAVESICAL TX SCHEDULE

Follow Up Reason	Injection	Other	Minor Procedure
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☐ Vasectomy	☐ Suprapubic over wire

☐ **Pelvic Floor PT**
- ☐ Pelvic Pain
- ☐ Pain w/Ejaculation
- ☐ Difficulty Urinating
- ☐ Incontinence

Imaging/Orders ☐ ASAP ☐ Prior to Next Appt ☐ Other: _____

Reason:
☐ Kidney Stone
☐ Hydronephrosis
☐ Scrotal Swelling
☐ Scrotal Pain
☐ Other (see note)
☐ Eval left/right/bilateral adrenal lesion(s)
☐ Eval left/right/bilateral renal lesion(s)
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- ☐ w/contrast
- ☐ w/o contrast
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- ☐ Hematuria
- ☐ Bladder Cancer
- ☐ Hydronephrosis (L/R)

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Outside Referral: _____

Labs

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JESSE HAYNES JR
MRN: 693841
DOB: 1/26/1946
MD: ANAND MOHAPATRA

12/06/2023
09:00

Date:

Intake Form

Vitals:

BP:

HR:

WT:

HT:

O2:

Temp:

Pain:

Urine Collection:

Voided Volume (Hat):

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POP-Q

Aa_____	Ba_____	C_____
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Physician Signature: _____

UDI-6/IIQ-7 Evaluation of Female Incontinence

Last Name	First Name	Date of Birth	Date

Do you experience, and, if so, how much are you bothered by:					
		Not at all	Slightly	Moderately	Greatly
1.	Frequent urination	**0**	**1**	**2**	**3**
2	Urine leakage related to feeling of urgency?	**0**	**1**	**2**	**3**
3	Urine leakage related to physical activity, coughing or sneezing?	**0**	**1**	**2**	**3**
4	Small amounts of urine leakage (drops)?	**0**	**1**	**2**	**3**
5	Difficulty emptying your bladder	**0**	**1**	**2**	**3**
6	Pain or discomfort in the lower abdominal area?	**0**	**1**	**2**	**3**
	Nighttime urination?	**0**	**1**	**2**	**3**
	A strong feeling of urgency to empty your bladder?	**0**	**1**	**2**	**3**

Urogenital Distress Inventory (UDI-6+2) ***Total score...../18***

Has urine leakage and /or prolapse affected your:					
		Not at all	Slightly	Moderately	Greatly
1	Ability to do household chores (cooking, housecleaning, laundry)?	**0**	**1**	**2**	**3**
2	Physical recreation such as walking, swimming, or other exercise?	**0**	**1**	**2**	**3**
3	Entertaining activities (movies, concerts, etc)?	**0**	**1**	**2**	**3**
4	Ability to travel by car or bus more than 30 minutes from home?	**0**	**1**	**2**	**3**
5	Participation in social activities outside your home?	**0**	**1**	**2**	**3**
6	Emotional health (nervousness, depression, etc.)?	**0**	**1**	**2**	**3**
7	Feeling frustrated?	**0**	**1**	**2**	**3**
	Ability to have sexual relations?	**0**	**1**	**2**	**3**

Incontinence Impact Questionnaire (IIQ-7+1) ***Total score...../21***

Uebersax JS, Wyman JF, Shumaker SA, et al.: Short forms to assess life quality and symptom distress for urinary incontinence in women: the incontinence impact questionnaire and the urogenital distress inventory. Neurourol Urodyn 1995, 14: 131-139.

DONYELL JONES
MRN: 693908
DOB: 10/22/1971
MD: ANAND MOHAPATRA

12/06/2023
09:30

Date:

Intake Form

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_____ **TODAY'S DATE:** _____

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PHILLIP HOWELL
MRN: 696066
DOB: 3/15/1967
MD: ANAND MOHAPATRA

12/06/2023
10:00

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HT:

O2:

Temp:

Pain:

Urine Collection:

Voided Volume (Hat):

Post Void Residual:

POP-Q

Aa_____	Ba_____	C_____
Pb_____	Gh_____	TVL_____
Ap_____	Bp_____	D_____

Pelvic Floor Strength: _____

Rectal Exam:_____

PHILLIP HOWELL
MRN: 696066
DOB: 3/15/1967
MD: ANAND MOHAPATRA

Date: **12/06/2023 10:00**

CHECK OUT SHEET – UROLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY** ☐ **SAM KEUBLER (TOJINO PTS ONLY)**

Follow Up Time Frame:

☐ 1 WK ☐ 3-4 WKS ☐ 3-4 MO ☐ 1 YEAR ☐ ASAP ☐ XIAFLEX SCHEDULE
☐ 2 WKS ☐ 6-8 WKS ☐ 6-7 MO ☐ PRN ☐ NEXT AVAIL ☐ INTRAVESICAL TX SCHEDULE

Follow Up Reason	Injection	Other	Minor Procedure
☐ Symptom Recheck	☐ Xiaflex Injection	☐ Urodynamics	☐ Suture/Drain Removal
☐ Imaging Results	☐ Lupron 3-mo dose	☐ Penile Inj Teaching	☐ PVR
☐ Exam	☐ Lupron 6-mo dose		☐ Uroflow with PVR
☐ Kidney Stone F/U			☐ Cath Change
			☐ Suprapubic Cath Exch

Procedure	
☐ Cystoscopy	☐ Cysto/Pelvic Exam
☐ Cysto/Stent Removal	☐ Transrectal US
☐ Cysto/Bladder Botox	☐ Prostate Biopsy
☐ Cysto/TRUS	☐ Intravesical Therapy
☐ Vasectomy	☐ Suprapubic over wire

☐ **Pelvic Floor PT**
- ☐ Pelvic Pain
- ☐ Pain w/Ejaculation
- ☐ Difficulty Urinating
- ☐ Incontinence

Imaging/Orders ☐ ASAP ☐ Prior to Next Appt ☐ Other: _____

Reason:
☐ Kidney Stone
☐ Hydronephrosis
☐ Scrotal Swelling
☐ Scrotal Pain
☐ Other (see note)
☐ Eval left/right/bilateral adrenal lesion(s)
☐ Eval left/right/bilateral renal lesion(s)
☐ Prostate MRI, also evaluate pelvic lymph nodes

☐ KUB ☐ Renal Ultrasound ☐ Scrotal Ultrasound ☐ Pylarify PET Scan

☐ CT Abd/Pelvis
- ☐ w/contrast
- ☐ w/o contrast
- ☐ w/ & w/o contrast

☐ CT Urogram
- ☐ Hematuria
- ☐ Bladder Cancer
- ☐ Hydronephrosis (L/R)

☐ MRI Abd
- ☐ w/o contrast
- ☐ w/ & w/o contrast

☐ MRI Pelvis
- ☐ w/ & w/o contrast

☐ Other Test: _____

Outside Referral: _____

Labs

☐ BMP (7-10 days after med change) ☐ PSA, Total ☐ LITHOLINK ☐ Hgb A1c
☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ PSA, % Free ☐ CBC, CMP, Uric Acid (2 weeks after med change)
☐ TOTAL T, CBC, SHBG (before 10am) ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN (before 10am)
☐ TOTAL T, CBC, SHBG (before 10am, 6 weeks after starting therapy, within 1-2 days prior to next dose)
☐ SEMEN ANALYSIS (abstain for 2 days beforehand) ☐ OTHER: _____

Physician Signature: _____

e Symptom Score (IPSS)

Patient Name: **Date of Birth:** **Age:** **Today's Date:**

Determine Your BPH Symptoms

Circle your answers and add up your scores at the bottom.

Over the past month	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
Incomplete emptying- How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
Frequency- How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
Intermittency- How often you have found you stopped and started again several times when you urinated?	0	1	2	3	4	5
Urgency- How often have you found it difficult to postpone urination?	0	1	2	3	4	5
Weak stream- How often have you had a weak urinary stream?	0	1	2	3	4	5
Straining- How often have you had to push or strain to begin urination?	0	1	2	3	4	5
Sleeping- How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	None 0	One Time 1	Two Times 2	Three Times 3	Four Times 4	Five or More Times 5
Add Symptom Scores:	+	+	+	+	+	

Total International Prostate Symptom Score= ___

1-7 mild symptoms - 8-19 moderate symptoms - 20-35 severe symptoms

Quality of Life (QoL)	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatis-	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

Would you be interested in treatment options?	Yes	No

Other than water, what do you drink during the day? _____
e.g. 1 cup green tea, 12 oz Pepsi, 2 cans of beer _____

IAL HEALTH INVENTORY FOR MEN (SHIM)

_____ TODAY'S DATE: _____

PATIENT INSTRUCTIONS

Sexual health is an important part of an individual's overall physical and emotional well-being. Erectile dysfunction, also known as impotence, is one type of very common medical condition affecting sexual health. Fortunately, there are many different treatment options for erectile dysfunction. This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor.

Each question has several possible responses. Circle the number of the response that **best describes** your own situation. Please be sure that you select one and only one response for **each question**.

OVER THE PAST 6 MONTHS:

1. How do you rate your confidence that you could get and keep an erection?		VERY LOW	LOW	MODERATE	HIGH	VERY HIGH
		1	2	3	4	5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	NO SEXUAL ACTIVITY	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	DID NOT ATTEMPT INTERCOURSE	EXTREMELY DIFFICULT	VERY DIFFICULT	DIFFICULT	SLIGHTLY DIFFICULT	NOT DIFFICULT
	0	1	2	3	4	5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5

Add the numbers corresponding to questions 1-5. **TOTAL:** _____

The Sexual Health Inventory for Men further classifies ED severity with the following breakpoints:

1-7 Severe ED **8-11 Moderate ED** **12-16 Mild to Moderate ED** **17-21 Mild ED**

What therapies (if any) have you tried for erectile dysfunction? _____
e.g. Viagra 100mg, vacuum erection device, penile injections _____

Would you be interested in treatment options?	**Yes**	**No**

MINGO B FICKLIN
MRN: 691273
DOB: 8/21/1939
MD: ANAND MOHAPATRA

12/06/2023
10:30

Date:

Intake Form

Vitals:

BP:

HR:

WT:

HT:

O2:

Temp:

Pain:

Urine Collection:

Voided Volume (Hat):

Post Void Residual:

POP-Q

Aa_____	Ba_____	C_____
Pb_____	Gh_____	TVL_____
Ap_____	Bp_____	D_____

Pelvic Floor Strength: _____

Rectal Exam:_____

MINGO B FICKLIN
MRN: 691273
DOB: 8/21/1939
MD: ANAND MOHAPATRA

Date: **12/06/2023 10:30**

CHECK OUT SHEET – UROLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY** ☐ **SAM KEUBLER (TOJINO PTS ONLY)**

Follow Up Time Frame:

☐ 1 WK ☐ 3-4 WKS ☐ 3-4 MO ☐ 1 YEAR ☐ ASAP ☐ XIAFLEX SCHEDULE
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Follow Up Reason	Injection	Other	Minor Procedure
☐ Symptom Recheck	☐ Xiaflex Injection	☐ Urodynamics	☐ Suture/Drain Removal
☐ Imaging Results	☐ Lupron 3-mo dose	☐ Penile Inj Teaching	☐ PVR
☐ Exam	☐ Lupron 6-mo dose		☐ Uroflow with PVR
☐ Kidney Stone F/U			☐ Cath Change
			☐ Suprapubic Cath Exch

Procedure	
☐ Cystoscopy	☐ Cysto/Pelvic Exam
☐ Cysto/Stent Removal	☐ Transrectal US
☐ Cysto/Bladder Botox	☐ Prostate Biopsy
☐ Cysto/TRUS	☐ Intravesical Therapy
☐ Vasectomy	☐ Suprapubic over wire

☐ **Pelvic Floor PT**
- ☐ Pelvic Pain
- ☐ Pain w/Ejaculation
- ☐ Difficulty Urinating
- ☐ Incontinence

Imaging/Orders ☐ ASAP ☐ Prior to Next Appt ☐ Other: _____

Reason:
☐ Kidney Stone
☐ Hydronephrosis
☐ Scrotal Swelling
☐ Scrotal Pain
☐ Other (see note)
☐ Eval left/right/bilateral adrenal lesion(s)
☐ Eval left/right/bilateral renal lesion(s)
☐ Prostate MRI, also evaluate pelvic lymph nodes

☐ KUB ☐ Renal Ultrasound ☐ Scrotal Ultrasound ☐ Pylarify PET Scan

☐ CT Abd/Pelvis
- ☐ w/contrast
- ☐ w/o contrast
- ☐ w/ & w/o contrast

☐ CT Urogram
- ☐ Hematuria
- ☐ Bladder Cancer
- ☐ Hydronephrosis (L/R)

☐ MRI Abd
- ☐ w/o contrast
- ☐ w/ & w/o contrast

☐ MRI Pelvis
- ☐ w/ & w/o contrast

☐ Other Test: _____

Outside Referral: _____

Labs

☐ BMP (7-10 days after med change) ☐ PSA, Total ☐ LITHOLINK ☐ Hgb A1c
☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ PSA, % Free ☐ CBC, CMP, Uric Acid (2 weeks after med change)
☐ TOTAL T, CBC, SHBG (before 10am) ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN (before 10am)
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Physician Signature: _____

e Symptom Score (IPSS)

Patient Name: **Date of Birth:** **Age:** **Today's Date:**

Determine Your BPH Symptoms

Circle your answers and add up your scores at the bottom.

Over the past month	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
Incomplete emptying- How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
Frequency- How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
Intermittency- How often you have found you stopped and started again several times when you urinated?	0	1	2	3	4	5
Urgency- How often have you found it difficult to postpone urination?	0	1	2	3	4	5
Weak stream- How often have you had a weak urinary stream?	0	1	2	3	4	5
Straining- How often have you had to push or strain to begin urination?	0	1	2	3	4	5
Sleeping- How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	None 0	One Time 1	Two Times 2	Three Times 3	Four Times 4	Five or More Times 5
Add Symptom Scores:	+	+	+	+	+	

Total International Prostate Symptom Score= ___

1-7 mild symptoms - 8-19 moderate symptoms - 20-35 severe symptoms

Quality of Life (QoL)	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatis-	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

Would you be interested in treatment options?	Yes	No

Other than water, what do you drink during the day? _____
e.g. 1 cup green tea, 12 oz Pepsi, 2 cans of beer _____

IAL HEALTH INVENTORY FOR MEN (SHIM)

_____ TODAY'S DATE: _____

PATIENT INSTRUCTIONS

Sexual health is an important part of an individual's overall physical and emotional well-being. Erectile dysfunction, also known as impotence, is one type of very common medical condition affecting sexual health. Fortunately, there are many different treatment options for erectile dysfunction. This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor.

Each question has several possible responses. Circle the number of the response that **best describes** your own situation. Please be sure that you select one and only one response for **each question**.

OVER THE PAST 6 MONTHS:

1. How do you rate your confidence that you could get and keep an erection?		VERY LOW	LOW	MODERATE	HIGH	VERY HIGH
		1	2	3	4	5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	NO SEXUAL ACTIVITY	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
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4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	DID NOT ATTEMPT INTERCOURSE	EXTREMELY DIFFICULT	VERY DIFFICULT	DIFFICULT	SLIGHTLY DIFFICULT	NOT DIFFICULT
	0	1	2	3	4	5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
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Add the numbers corresponding to questions 1-5. **TOTAL:** _____

The Sexual Health Inventory for Men further classifies ED severity with the following breakpoints:

1-7 Severe ED **8-11 Moderate ED** **12-16 Mild to Moderate ED** **17-21 Mild ED**

What therapies (if any) have you tried for erectile dysfunction? _____
e.g. Viagra 100mg, vacuum erection device, penile injections _____

Would you be interested in treatment options?	**Yes**	**No**

CHARLES E WILLIAMS
MRN: 694309
DOB: 11/16/1954
MD: ANAND MOHAPATRA

12/06/2023
11:00

Date:

Intake Form

Vitals:

BP:

HR:

WT:

HT:

O2:

Temp:

Pain:

Urine Collection:

Voided Volume (Hat):

Post Void Residual:

POP-Q

Aa_____	Ba_____	C_____
Pb_____	Gh_____	TVL_____
Ap_____	Bp_____	D_____

Pelvic Floor Strength: _____

Rectal Exam:_____

CHARLES E WILLIAMS
MRN: 694309
DOB: 11/16/1954
MD: ANAND MOHAPATRA

Date: **12/06/2023 11:00**

CHECK OUT SHEET – UROLOGY

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Follow Up Reason	Injection	Other	Minor Procedure
☐ Symptom Recheck	☐ Xiaflex Injection	☐ Urodynamics	☐ Suture/Drain Removal
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Procedure	
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Imaging/Orders ☐ ASAP ☐ Prior to Next Appt ☐ Other: _____

Reason:
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IAL HEALTH INVENTORY FOR MEN (SHIM)

_____ **TODAY'S DATE:** _____

PATIENT INSTRUCTIONS

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e.g. Viagra 100mg, vacuum erection device, penile injections _____

Would you be interested in treatment options?	**Yes**	**No**

JAMES DAVIS
MRN: 694302
DOB: 10/8/1957
MD: ANAND MOHAPATRA

12/06/2023
11:30

Date:

Intake Form

Vitals:

BP:

HR:

WT:

HT:

O2:

Temp:

Pain:

Urine Collection:

Voided Volume (Hat):

Post Void Residual:

POP-Q

Aa_____	Ba_____	C_____
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Ap_____	Bp_____	D_____

Pelvic Floor Strength: _____

Rectal Exam:_____

JAMES DAVIS
MRN: 694302
DOB: 10/8/1957
MD: ANAND MOHAPATRA

Date: **12/06/2023 11:30**

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- ☐ Hydronephrosis (L/R)

☐ MRI Abd
- ☐ w/o contrast
- ☐ w/ & w/o contrast

☐ MRI Pelvis
- ☐ w/ & w/o contrast

☐ Other Test: _____

Outside Referral: _____

Labs

☐ BMP (7-10 days after med change) ☐ PSA, Total ☐ LITHOLINK ☐ Hgb A1c
☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ PSA, % Free ☐ CBC, CMP, Uric Acid (2 weeks after med change)
☐ TOTAL T, CBC, SHBG (before 10am) ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN (before 10am)
☐ TOTAL T, CBC, SHBG (before 10am, 6 weeks after starting therapy, within 1-2 days prior to next dose)
☐ SEMEN ANALYSIS (abstain for 2 days beforehand) ☐ OTHER: _____

Physician Signature: _____

e Symptom Score (IPSS)

Patient Name: **Date of Birth:** **Age:** **Today's Date:**

Determine Your BPH Symptoms

Circle your answers and add up your scores at the bottom.

Over the past month	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
Incomplete emptying- How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
Frequency- How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
Intermittency- How often you have found you stopped and started again several times when you urinated?	0	1	2	3	4	5
Urgency- How often have you found it difficult to postpone urination?	0	1	2	3	4	5
Weak stream- How often have you had a weak urinary stream?	0	1	2	3	4	5
Straining- How often have you had to push or strain to begin urination?	0	1	2	3	4	5
Sleeping- How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	None 0	One Time 1	Two Times 2	Three Times 3	Four Times 4	Five or More Times 5
Add Symptom Scores:	+	+	+	+	+	

Total International Prostate Symptom Score= ___

1-7 mild symptoms - 8-19 moderate symptoms - 20-35 severe symptoms

Quality of Life (QoL)	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatis-	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

Would you be interested in treatment options?	Yes	No

Other than water, what do you drink during the day? _____
e.g. 1 cup green tea, 12 oz Pepsi, 2 cans of beer _____

IAL HEALTH INVENTORY FOR MEN (SHIM)

_____ TODAY'S DATE: _____

PATIENT INSTRUCTIONS

Sexual health is an important part of an individual's overall physical and emotional well-being. Erectile dysfunction, also known as impotence, is one type of very common medical condition affecting sexual health. Fortunately, there are many different treatment options for erectile dysfunction. This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor.

Each question has several possible responses. Circle the number of the response that **best describes** your own situation. Please be sure that you select one and only one response for **each question**.

OVER THE PAST 6 MONTHS:

1. How do you rate your confidence that you could get and keep an erection?		VERY LOW	LOW	MODERATE	HIGH	VERY HIGH
		1	2	3	4	5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	NO SEXUAL ACTIVITY	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	DID NOT ATTEMPT INTERCOURSE	EXTREMELY DIFFICULT	VERY DIFFICULT	DIFFICULT	SLIGHTLY DIFFICULT	NOT DIFFICULT
	0	1	2	3	4	5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5

Add the numbers corresponding to questions 1-5. **TOTAL:** _____

The Sexual Health Inventory for Men further classifies ED severity with the following breakpoints:

1-7 Severe ED **8-11 Moderate ED** **12-16 Mild to Moderate ED** **17-21 Mild ED**

What therapies (if any) have you tried for erectile dysfunction? _____
e.g. Viagra 100mg, vacuum erection device, penile injections _____

Would you be interested in treatment options?	**Yes**	**No**

Date:

Intake Form

Vitals:

BP:

HR:

WT:

HT:

O2:

Temp:

Pain:

Urine Collection:

Voided Volume (Hat):

Post Void Residual:

POP-Q

Aa_____	Ba_____	C_____
Pb_____	Gh_____	TVL_____
Ap_____	Bp_____	D_____

Pelvic Floor Strength: _____

Rectal Exam:_____

LAWRENCE BLAKELY
MRN: 511253
DOB: 12/29/1955
MD: ANAND MOHAPATRA

Date: 12/06/2023 01:00

CHECK OUT SHEET – UROLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY** ☐ **SAM KEUBLER (TOJINO PTS ONLY)**

Follow Up Time Frame:

☐ 1 WK ☐ 3-4 WKS ☐ 3-4 MO ☐ 1 YEAR ☐ ASAP ☐ XIAFLEX SCHEDULE
☐ 2 WKS ☐ 6-8 WKS ☐ 6-7 MO ☐ PRN ☐ NEXT AVAIL ☐ INTRAVESICAL TX SCHEDULE

Follow Up Reason	Injection	Other	Minor Procedure
☐ Symptom Recheck	☐ Xiaflex Injection	☐ Urodynamics	☐ Suture/Drain Removal
☐ Imaging Results	☐ Lupron 3-mo dose	☐ Penile Inj Teaching	☐ PVR
☐ Exam	☐ Lupron 6-mo dose		☐ Uroflow with PVR
☐ Kidney Stone F/U			☐ Cath Change
			☐ Suprapubic Cath Exch

Procedure	
☐ Cystoscopy	☐ Cysto/Pelvic Exam
☐ Cysto/Stent Removal	☐ Transrectal US
☐ Cysto/Bladder Botox	☐ Prostate Biopsy
☐ Cysto/TRUS	☐ Intravesical Therapy
☐ Vasectomy	☐ Suprapubic over wire

☐ **Pelvic Floor PT**
- ☐ Pelvic Pain
- ☐ Pain w/Ejaculation
- ☐ Difficulty Urinating
- ☐ Incontinence

Imaging/Orders ☐ ASAP ☐ Prior to Next Appt ☐ Other: _____

Reason:
☐ Kidney Stone
☐ Hydronephrosis
☐ Scrotal Swelling
☐ Scrotal Pain
☐ Other (see note)
☐ Eval left/right/bilateral adrenal lesion(s)
☐ Eval left/right/bilateral renal lesion(s)
☐ Prostate MRI, also evaluate pelvic lymph nodes

☐ KUB ☐ Renal Ultrasound ☐ Scrotal Ultrasound ☐ Pylarify PET Scan

☐ CT Abd/Pelvis
- ☐ w/contrast
- ☐ w/o contrast
- ☐ w/ & w/o contrast

☐ CT Urogram
- ☐ Hematuria
- ☐ Bladder Cancer
- ☐ Hydronephrosis (L/R)

☐ MRI Abd
- ☐ w/o contrast
- ☐ w/ & w/o contrast

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☐ Other Test: _____

Outside Referral: _____

Labs

☐ BMP (7-10 days after med change) ☐ PSA, Total ☐ LITHOLINK ☐ Hgb A1c
☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ PSA, % Free ☐ CBC, CMP, Uric Acid (2 weeks after med change)
☐ TOTAL T, CBC, SHBG (before 10am) ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN (before 10am)
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☐ SEMEN ANALYSIS (abstain for 2 days beforehand) ☐ OTHER: _____

Physician Signature: _____

e Symptom Score (IPSS)

Patient Name: **Date of Birth:** **Age:** **Today's Date:**

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Sleeping- How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	None 0	One Time 1	Two Times 2	Three Times 3	Four Times 4	Five or More Times 5
Add Symptom Scores:	+	+	+	+	+	

Total International Prostate Symptom Score= ___

1-7 mild symptoms - 8-19 moderate symptoms - 20-35 severe symptoms

Quality of Life (QoL)	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatis-	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

Would you be interested in treatment options?	Yes	No

Other than water, what do you drink during the day? _____
e.g. 1 cup green tea, 12 oz Pepsi, 2 cans of beer _____

IAL HEALTH INVENTORY FOR MEN (SHIM)

_____ **TODAY'S DATE:** _____

PATIENT INSTRUCTIONS

Sexual health is an important part of an individual's overall physical and emotional well-being. Erectile dysfunction, also known as impotence, is one type of very common medical condition affecting sexual health. Fortunately, there are many different treatment options for erectile dysfunction. This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor.

Each question has several possible responses. Circle the number of the response that **best describes** your own situation. Please be sure that you select one and only one response for **each question**.

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1. How do you rate your confidence that you could get and keep an erection?		VERY LOW	LOW	MODERATE	HIGH	VERY HIGH
		1	2	3	4	5
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4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	DID NOT ATTEMPT INTERCOURSE	EXTREMELY DIFFICULT	VERY DIFFICULT	DIFFICULT	SLIGHTLY DIFFICULT	NOT DIFFICULT
	0	1	2	3	4	5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5

Add the numbers corresponding to questions 1-5. **TOTAL:** _____

The Sexual Health Inventory for Men further classifies ED severity with the following breakpoints:

1-7 Severe ED **8-11 Moderate ED** **12-16 Mild to Moderate ED** **17-21 Mild ED**

What therapies (if any) have you tried for erectile dysfunction? _____
e.g. Viagra 100mg, vacuum erection device, penile injections _____

Would you be interested in treatment options?	**Yes**	**No**

CECIL C GEDDINGS
MRN: 693063
DOB: 10/25/1935
MD: ANAND MOHAPATRA

12/06/2023
01:30

Date:

Intake Form

Vitals:

BP:

HR:

WT:

HT:

O2:

Temp:

Pain:

Urine Collection:

Voided Volume (Hat):

Post Void Residual:

POP-Q

Aa_____	Ba_____	C_____
Pb_____	Gh_____	TVL_____
Ap_____	Bp_____	D_____

Pelvic Floor Strength: _____

Rectal Exam:_____

CECIL C GEDDINGS
MRN: 693063
DOB: 10/25/1935
MD: ANAND MOHAPATRA

Date: **12/06/2023 01:30**

CHECK OUT SHEET – UROLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY** ☐ **SAM KEUBLER (TOJINO PTS ONLY)**

Follow Up Time Frame:

☐ 1 WK ☐ 3-4 WKS ☐ 3-4 MO ☐ 1 YEAR ☐ ASAP ☐ XIAFLEX SCHEDULE
☐ 2 WKS ☐ 6-8 WKS ☐ 6-7 MO ☐ PRN ☐ NEXT AVAIL ☐ INTRAVESICAL TX SCHEDULE

Follow Up Reason	Injection	Other	Minor Procedure
☐ Symptom Recheck	☐ Xiaflex Injection	☐ Urodynamics	☐ Suture/Drain Removal
☐ Imaging Results	☐ Lupron 3-mo dose	☐ Penile Inj Teaching	☐ PVR
☐ Exam	☐ Lupron 6-mo dose		☐ Uroflow with PVR
☐ Kidney Stone F/U			☐ Cath Change
			☐ Suprapubic Cath Exch

Procedure

☐ Cystoscopy ☐ Cysto/Pelvic Exam
☐ Cysto/Stent Removal ☐ Transrectal US
☐ Cysto/Bladder Botox ☐ Prostate Biopsy
☐ Cysto/TRUS ☐ Intravesical Therapy
☐ Vasectomy ☐ Suprapubic over wire

☐ **Pelvic Floor PT**
- ☐ Pelvic Pain
- ☐ Pain w/Ejaculation
- ☐ Difficulty Urinating
- ☐ Incontinence

Imaging/Orders ☐ ASAP ☐ Prior to Next Appt ☐ Other: _____

Reason:
☐ Kidney Stone ☐ Scrotal Swelling ☐ Eval left/right/bilateral adrenal lesion(s)
☐ Hydronephrosis ☐ Scrotal Pain ☐ Eval left/right/bilateral renal lesion(s)
☐ Other (see note) ☐ Prostate MRI, also evaluate pelvic lymph nodes

☐ KUB ☐ Renal Ultrasound ☐ Scrotal Ultrasound ☐ Pylarify PET Scan

☐ CT Abd/Pelvis
- ☐ w/contrast
- ☐ w/o contrast
- ☐ w/ & w/o contrast

☐ CT Urogram
- ☐ Hematuria
- ☐ Bladder Cancer
- ☐ Hydronephrosis (L/R)

☐ MRI Abd
- ☐ w/o contrast
- ☐ w/ & w/o contrast

☐ MRI Pelvis
- ☐ w/ & w/o contrast

☐ Other Test: _____

Outside Referral: _____

Labs

☐ BMP (7-10 days after med change) ☐ PSA, Total ☐ LITHOLINK ☐ Hgb A1c
☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ PSA, % Free ☐ CBC, CMP, Uric Acid (2 weeks after med change)
☐ TOTAL T, CBC, SHBG (before 10am) ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN (before 10am)
☐ TOTAL T, CBC, SHBG (before 10am, 6 weeks after starting therapy, within 1-2 days prior to next dose)
☐ SEMEN ANALYSIS (abstain for 2 days beforehand) ☐ OTHER: _____

Physician Signature: _____

UDI-6/IIQ-7 Evaluation of Female Incontinence

Last Name	First Name	Date of Birth	Date

Do you experience, and, if so, how much are you bothered by:					
		Not at all	Slightly	Moderately	Greatly
1.	Frequent urination	**0**	**1**	**2**	**3**
2	Urine leakage related to feeling of urgency?	**0**	**1**	**2**	**3**
3	Urine leakage related to physical activity, coughing or sneezing?	**0**	**1**	**2**	**3**
4	Small amounts of urine leakage (drops)?	**0**	**1**	**2**	**3**
5	Difficulty emptying your bladder	**0**	**1**	**2**	**3**
6	Pain or discomfort in the lower abdominal area?	**0**	**1**	**2**	**3**
	Nighttime urination?	**0**	**1**	**2**	**3**
	A strong feeling of urgency to empty your bladder?	**0**	**1**	**2**	**3**

Urogenital Distress Inventory (UDI-6+2) ***Total score...../18***

Has urine leakage and /or prolapse affected your:					
		Not at all	Slightly	Moderately	Greatly
1	Ability to do household chores (cooking, housecleaning, laundry)?	**0**	**1**	**2**	**3**
2	Physical recreation such as walking, swimming, or other exercise?	**0**	**1**	**2**	**3**
3	Entertaining activities (movies, concerts, etc)?	**0**	**1**	**2**	**3**
4	Ability to travel by car or bus more than 30 minutes from home?	**0**	**1**	**2**	**3**
5	Participation in social activities outside your home?	**0**	**1**	**2**	**3**
6	Emotional health (nervousness, depression, etc.)?	**0**	**1**	**2**	**3**
7	Feeling frustrated?	**0**	**1**	**2**	**3**
	Ability to have sexual relations?	**0**	**1**	**2**	**3**

Incontinence Impact Questionnaire (IIQ-7+1) ***Total score...../21***

Uebersax JS, Wyman JF, Shumaker SA, et al.: Short forms to assess life quality and symptom distress for urinary incontinence in women: the incontinence impact questionnaire and the urogenital distress inventory. Neurourol Urodyn 1995, 14: 131-139.

VONDA K VAN DUNK
MRN: 691328
DOB: 9/22/1964
MD: ANAND MOHAPATRA

12/06/2023
02:00

Date:

Intake Form

Vitals:

BP:

HR:

WT:

HT:

O2:

Temp:

Pain:

Urine Collection:

Voided Volume (Hat):

Post Void Residual:

POP-Q

Aa_____	Ba_____	C_____
Pb_____	Gh_____	TVL_____
Ap_____	Bp_____	D_____

Pelvic Floor Strength: _____

Rectal Exam:_____

VONDA K VAN DUNK
MRN: 691328
DOB: 9/22/1964
MD: ANAND MOHAPATRA

Date: 12/06/2023 02:00

CHECK OUT SHEET – UROLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY** ☐ **SAM KEUBLER (TOJINO PTS ONLY)**

Follow Up Time Frame:

☐ 1 WK ☐ 3-4 WKS ☐ 3-4 MO ☐ 1 YEAR ☐ ASAP ☐ XIAFLEX SCHEDULE
☐ 2 WKS ☐ 6-8 WKS ☐ 6-7 MO ☐ PRN ☐ NEXT AVAIL ☐ INTRAVESICAL TX SCHEDULE

Follow Up Reason	Injection	Other	Minor Procedure
☐ Symptom Recheck	☐ Xiaflex Injection	☐ Urodynamics	☐ Suture/Drain Removal
☐ Imaging Results	☐ Lupron 3-mo dose	☐ Penile Inj Teaching	☐ PVR
☐ Exam	☐ Lupron 6-mo dose		☐ Uroflow with PVR
☐ Kidney Stone F/U			☐ Cath Change
			☐ Suprapubic Cath Exch

Procedure

☐ Cystoscopy ☐ Cysto/Pelvic Exam
☐ Cysto/Stent Removal ☐ Transrectal US
☐ Cysto/Bladder Botox ☐ Prostate Biopsy
☐ Cysto/TRUS ☐ Intravesical Therapy
☐ Vasectomy ☐ Suprapubic over wire

☐ **Pelvic Floor PT**
- ☐ Pelvic Pain
- ☐ Pain w/Ejaculation
- ☐ Difficulty Urinating
- ☐ Incontinence

Imaging/Orders ☐ ASAP ☐ Prior to Next Appt ☐ Other: _____

Reason:
☐ Kidney Stone ☐ Scrotal Swelling ☐ Eval left/right/bilateral adrenal lesion(s)
☐ Hydronephrosis ☐ Scrotal Pain ☐ Eval left/right/bilateral renal lesion(s)
☐ Other (see note) ☐ Prostate MRI, also evaluate pelvic lymph nodes

☐ KUB ☐ Renal Ultrasound ☐ Scrotal Ultrasound ☐ Pylarify PET Scan

☐ CT Abd/Pelvis
- ☐ w/contrast
- ☐ w/o contrast
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☐ CT Urogram
- ☐ Hematuria
- ☐ Bladder Cancer
- ☐ Hydronephrosis (L/R)

☐ MRI Abd
- ☐ w/o contrast
- ☐ w/ & w/o contrast

☐ MRI Pelvis
- ☐ w/ & w/o contrast

☐ Other Test: _____

Outside Referral: _____

Labs

☐ BMP (7-10 days after med change) ☐ PSA, Total ☐ LITHOLINK ☐ Hgb A1c
☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ PSA, % Free ☐ CBC, CMP, Uric Acid (2 weeks after med change)
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☐ SEMEN ANALYSIS (abstain for 2 days beforehand) ☐ OTHER: _____

Physician Signature: _____

UDI-6/IIQ-7 Evaluation of Female Incontinence

Last Name	First Name	Date of Birth	Date

Do you experience, and, if so, how much are you bothered by:					
		Not at all	Slightly	Moderately	Greatly
1.	Frequent urination	**0**	**1**	**2**	**3**
2	Urine leakage related to feeling of urgency?	**0**	**1**	**2**	**3**
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4	Small amounts of urine leakage (drops)?	**0**	**1**	**2**	**3**
5	Difficulty emptying your bladder	**0**	**1**	**2**	**3**
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Urogenital Distress Inventory (UDI-6+2) ***Total score...../18***

Has urine leakage and /or prolapse affected your:					
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1	Ability to do household chores (cooking, housecleaning, laundry)?	**0**	**1**	**2**	**3**
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4	Ability to travel by car or bus more than 30 minutes from home?	**0**	**1**	**2**	**3**
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7	Feeling frustrated?	**0**	**1**	**2**	**3**
	Ability to have sexual relations?	**0**	**1**	**2**	**3**

Incontinence Impact Questionnaire (IIQ-7+1) ***Total score...../21***

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SHARON LANE
MRN: 690944
DOB: 6/17/1950
MD: ANAND MOHAPATRA

12/06/2023
02:30

Date:

Intake Form

Vitals:

BP:

HR:

WT:

HT:

O2:

Temp:

Pain:

Urine Collection:

Voided Volume (Hat):

Post Void Residual:

POP-Q

Aa_____	Ba_____	C_____
Pb_____	Gh_____	TVL_____
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Pelvic Floor Strength: _____

Rectal Exam:_____

SHARON LANE
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MD: ANAND MOHAPATRA

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CHECK OUT SHEET – UROLOGY

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Procedure	
☐ Cystoscopy	☐ Cysto/Pelvic Exam
☐ Cysto/Stent Removal	☐ Transrectal US
☐ Cysto/Bladder Botox	☐ Prostate Biopsy
☐ Cysto/TRUS	☐ Intravesical Therapy
☐ Vasectomy	☐ Suprapubic over wire

☐ **Pelvic Floor PT**
- ☐ Pelvic Pain
- ☐ Pain w/Ejaculation
- ☐ Difficulty Urinating
- ☐ Incontinence

Imaging/Orders ☐ ASAP ☐ Prior to Next Appt ☐ Other: _____

Reason:
☐ Kidney Stone
☐ Hydronephrosis
☐ Scrotal Swelling
☐ Scrotal Pain
☐ Other (see note)
☐ Eval left/right/bilateral adrenal lesion(s)
☐ Eval left/right/bilateral renal lesion(s)
☐ Prostate MRI, also evaluate pelvic lymph nodes

☐ KUB ☐ Renal Ultrasound ☐ Scrotal Ultrasound ☐ Pylarify PET Scan

☐ CT Abd/Pelvis
- ☐ w/contrast
- ☐ w/o contrast
- ☐ w/ & w/o contrast

☐ CT Urogram
- ☐ Hematuria
- ☐ Bladder Cancer
- ☐ Hydronephrosis (L/R)

☐ MRI Abd
- ☐ w/o contrast
- ☐ w/ & w/o contrast

☐ MRI Pelvis
- ☐ w/ & w/o contrast

☐ Other Test: _____

Outside Referral: _____

Labs

☐ BMP (7-10 days after med change) ☐ PSA, Total ☐ LITHOLINK ☐ Hgb A1c
☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ PSA, % Free ☐ CBC, CMP, Uric Acid (2 weeks after med change)
☐ TOTAL T, CBC, SHBG (before 10am) ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN (before 10am)
☐ TOTAL T, CBC, SHBG (before 10am, 6 weeks after starting therapy, within 1-2 days prior to next dose)
☐ SEMEN ANALYSIS (abstain for 2 days beforehand) ☐ OTHER: _____

Physician Signature: _____

UDI-6/IIQ-7 Evaluation of Female Incontinence

Last Name	First Name	Date of Birth	Date

Do you experience, and, if so, how much are you bothered by:					
		Not at all	Slightly	Moderately	Greatly
1.	Frequent urination	**0**	**1**	**2**	**3**
2	Urine leakage related to feeling of urgency?	**0**	**1**	**2**	**3**
3	Urine leakage related to physical activity, coughing or sneezing?	**0**	**1**	**2**	**3**
4	Small amounts of urine leakage (drops)?	**0**	**1**	**2**	**3**
5	Difficulty emptying your bladder	**0**	**1**	**2**	**3**
6	Pain or discomfort in the lower abdominal area?	**0**	**1**	**2**	**3**
	Nighttime urination?	**0**	**1**	**2**	**3**
	A strong feeling of urgency to empty your bladder?	**0**	**1**	**2**	**3**

Urogenital Distress Inventory (UDI-6+2) ***Total score...../18***

Has urine leakage and /or prolapse affected your:					
		Not at all	Slightly	Moderately	Greatly
1	Ability to do household chores (cooking, housecleaning, laundry)?	**0**	**1**	**2**	**3**
2	Physical recreation such as walking, swimming, or other exercise?	**0**	**1**	**2**	**3**
3	Entertaining activities (movies, concerts, etc)?	**0**	**1**	**2**	**3**
4	Ability to travel by car or bus more than 30 minutes from home?	**0**	**1**	**2**	**3**
5	Participation in social activities outside your home?	**0**	**1**	**2**	**3**
6	Emotional health (nervousness, depression, etc.)?	**0**	**1**	**2**	**3**
7	Feeling frustrated?	**0**	**1**	**2**	**3**
	Ability to have sexual relations?	**0**	**1**	**2**	**3**

Incontinence Impact Questionnaire (IIQ-7+1) ***Total score...../21***

Uebersax JS, Wyman JF, Shumaker SA, et al.: Short forms to assess life quality and symptom distress for urinary incontinence in women: the incontinence impact questionnaire and the urogenital distress inventory. Neurourol Urodyn 1995, 14: 131-139.

JUDITH F SULLIVAN
MRN: 692560
DOB: 7/27/1946
MD: ANAND MOHAPATRA

12/06/2023
03:00

Date:

Intake Form

Vitals:

BP:

HR:

WT:

HT:

O2:

Temp:

Pain:

Urine Collection:

Voided Volume (Hat):

Post Void Residual:

POP-Q

Aa_____	Ba_____	C_____
Pb_____	Gh_____	TVL_____
Ap_____	Bp_____	D_____

Pelvic Floor Strength: _____

Rectal Exam:_____

JUDITH F SULLIVAN
MRN: 692560
DOB: 7/27/1946
MD: ANAND MOHAPATRA

Date: **12/06/2023 03:00**

CHECK OUT SHEET – UROLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY** ☐ **SAM KEUBLER (TOJINO PTS ONLY)**

Follow Up Time Frame:

☐ 1 WK ☐ 3-4 WKS ☐ 3-4 MO ☐ 1 YEAR ☐ ASAP ☐ XIAFLEX SCHEDULE
☐ 2 WKS ☐ 6-8 WKS ☐ 6-7 MO ☐ PRN ☐ NEXT AVAIL ☐ INTRAVESICAL TX SCHEDULE

Follow Up Reason	Injection	Other	Minor Procedure
☐ Symptom Recheck	☐ Xiaflex Injection	☐ Urodynamics	☐ Suture/Drain Removal
☐ Imaging Results	☐ Lupron 3-mo dose	☐ Penile Inj Teaching	☐ PVR
☐ Exam	☐ Lupron 6-mo dose		☐ Uroflow with PVR
☐ Kidney Stone F/U			☐ Cath Change
			☐ Suprapubic Cath Exch

Procedure	
☐ Cystoscopy	☐ Cysto/Pelvic Exam
☐ Cysto/Stent Removal	☐ Transrectal US
☐ Cysto/Bladder Botox	☐ Prostate Biopsy
☐ Cysto/TRUS	☐ Intravesical Therapy
☐ Vasectomy	☐ Suprapubic over wire

☐ **Pelvic Floor PT**
- ☐ Pelvic Pain
- ☐ Pain w/Ejaculation
- ☐ Difficulty Urinating
- ☐ Incontinence

Imaging/Orders ☐ ASAP ☐ Prior to Next Appt ☐ Other: _____

Reason:
☐ Kidney Stone
☐ Hydronephrosis
☐ Scrotal Swelling
☐ Scrotal Pain
☐ Other (see note)
☐ Eval left/right/bilateral adrenal lesion(s)
☐ Eval left/right/bilateral renal lesion(s)
☐ Prostate MRI, also evaluate pelvic lymph nodes

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- ☐ w/contrast
- ☐ w/o contrast
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☐ CT Urogram
- ☐ Hematuria
- ☐ Bladder Cancer
- ☐ Hydronephrosis (L/R)

☐ MRI Abd
- ☐ w/o contrast
- ☐ w/ & w/o contrast

☐ MRI Pelvis
- ☐ w/ & w/o contrast

☐ Other Test: _____

Outside Referral: _____

Labs

☐ BMP (7-10 days after med change) ☐ PSA, Total ☐ LITHOLINK ☐ Hgb A1c
☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ PSA, % Free ☐ CBC, CMP, Uric Acid (2 weeks after med change)
☐ TOTAL T, CBC, SHBG (before 10am) ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN (before 10am)
☐ TOTAL T, CBC, SHBG (before 10am, 6 weeks after starting therapy, within 1-2 days prior to next dose)
☐ SEMEN ANALYSIS (abstain for 2 days beforehand) ☐ OTHER: _____

Physician Signature: _____

e Symptom Score (IPSS)

Patient Name: **Date of Birth:** **Age:** **Today's Date:**

Determine Your BPH Symptoms

Circle your answers and add up your scores at the bottom.

Over the past month	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
Incomplete emptying- How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
Frequency- How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
Intermittency- How often you have found you stopped and started again several times when you urinated?	0	1	2	3	4	5
Urgency- How often have you found it difficult to postpone urination?	0	1	2	3	4	5
Weak stream- How often have you had a weak urinary stream?	0	1	2	3	4	5
Straining- How often have you had to push or strain to begin urination?	0	1	2	3	4	5
Sleeping- How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	None 0	One Time 1	Two Times 2	Three Times 3	Four Times 4	Five or More Times 5
Add Symptom Scores:	+	+	+	+	+	

Total International Prostate Symptom Score= ___

1-7 mild symptoms - 8-19 moderate symptoms - 20-35 severe symptoms

Quality of Life (QoL)	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatis-	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

Would you be interested in treatment options?	Yes	No

Other than water, what do you drink during the day? _____
e.g. 1 cup green tea, 12 oz Pepsi, 2 cans of beer _____

IAL HEALTH INVENTORY FOR MEN (SHIM)

_____ **TODAY'S DATE:** _____

PATIENT INSTRUCTIONS

Sexual health is an important part of an individual's overall physical and emotional well-being. Erectile dysfunction, also known as impotence, is one type of very common medical condition affecting sexual health. Fortunately, there are many different treatment options for erectile dysfunction. This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor.

Each question has several possible responses. Circle the number of the response that **best describes** your own situation. Please be sure that you select one and only one response for **each question**.

OVER THE PAST 6 MONTHS:

1. How do you rate your confidence that you could get and keep an erection?		VERY LOW	LOW	MODERATE	HIGH	VERY HIGH
		1	2	3	4	5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	NO SEXUAL ACTIVITY	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	DID NOT ATTEMPT INTERCOURSE	EXTREMELY DIFFICULT	VERY DIFFICULT	DIFFICULT	SLIGHTLY DIFFICULT	NOT DIFFICULT
	0	1	2	3	4	5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5

Add the numbers corresponding to questions 1-5. **TOTAL:** _____

The Sexual Health Inventory for Men further classifies ED severity with the following breakpoints:

1-7 Severe ED **8-11 Moderate ED** **12-16 Mild to Moderate ED** **17-21 Mild ED**

What therapies (if any) have you tried for erectile dysfunction? _____
e.g. Viagra 100mg, vacuum erection device, penile injections _____

Would you be interested in treatment options?	**Yes**	**No**

DAVID P KITCHENS
MRN: 692935
DOB: 3/27/1943
MD: ANAND MOHAPATRA

12/06/2023
03:15

Date:

Intake Form

Vitals:

BP:

HR:

WT:

HT:

O2:

Temp:

Pain:

Urine Collection:

Voided Volume (Hat):

Post Void Residual:

POP-Q

Aa_____	Ba_____	C_____
Pb_____	Gh_____	TVL_____
Ap_____	Bp_____	D_____

Pelvic Floor Strength: _____

Rectal Exam:_____

DAVID P KITCHENS
MRN: 692935
DOB: 3/27/1943
MD: ANAND MOHAPATRA

Date: 12/06/2023 03:15

CHECK OUT SHEET – UROLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY** ☐ **SAM KEUBLER (TOJINO PTS ONLY)**

Follow Up Time Frame:

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☐ 2 WKS ☐ 6-8 WKS ☐ 6-7 MO ☐ PRN ☐ NEXT AVAIL ☐ INTRAVESICAL TX SCHEDULE

Follow Up Reason	Injection	Other	Minor Procedure
☐ Symptom Recheck	☐ Xiaflex Injection	☐ Urodynamics	☐ Suture/Drain Removal
☐ Imaging Results	☐ Lupron 3-mo dose	☐ Penile Inj Teaching	☐ PVR
☐ Exam	☐ Lupron 6-mo dose		☐ Uroflow with PVR
☐ Kidney Stone F/U			☐ Cath Change
			☐ Suprapubic Cath Exch

Procedure

☐ Cystoscopy ☐ Cysto/Pelvic Exam
☐ Cysto/Stent Removal ☐ Transrectal US
☐ Cysto/Bladder Botox ☐ Prostate Biopsy
☐ Cysto/TRUS ☐ Intravesical Therapy
☐ Vasectomy ☐ Suprapubic over wire

☐ **Pelvic Floor PT**
- ☐ Pelvic Pain
- ☐ Pain w/Ejaculation
- ☐ Difficulty Urinating
- ☐ Incontinence

Imaging/Orders ☐ ASAP ☐ Prior to Next Appt ☐ Other: _____

Reason:
☐ Kidney Stone ☐ Scrotal Swelling ☐ Eval left/right/bilateral adrenal lesion(s)
☐ Hydronephrosis ☐ Scrotal Pain ☐ Eval left/right/bilateral renal lesion(s)
☐ Other (see note) ☐ Prostate MRI, also evaluate pelvic lymph nodes

☐ KUB ☐ Renal Ultrasound ☐ Scrotal Ultrasound ☐ Pylarify PET Scan

☐ CT Abd/Pelvis
- ☐ w/contrast
- ☐ w/o contrast
- ☐ w/ & w/o contrast

☐ CT Urogram
- ☐ Hematuria
- ☐ Bladder Cancer
- ☐ Hydronephrosis (L/R)

☐ MRI Abd
- ☐ w/o contrast
- ☐ w/ & w/o contrast

☐ MRI Pelvis
- ☐ w/ & w/o contrast

☐ Other Test: _____

Outside Referral: _____

Labs

☐ BMP (7-10 days after med change) ☐ PSA, Total ☐ LITHOLINK ☐ Hgb A1c
☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ PSA, % Free ☐ CBC, CMP, Uric Acid (2 weeks after med change)
☐ TOTAL T, CBC, SHBG (before 10am) ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN (before 10am)
☐ TOTAL T, CBC, SHBG (before 10am, 6 weeks after starting therapy, within 1-2 days prior to next dose)
☐ SEMEN ANALYSIS (abstain for 2 days beforehand) ☐ OTHER: _____

Physician Signature: _____

UDI-6/IIQ-7 Evaluation of Female Incontinence

Last Name	First Name	Date of Birth	Date

Do you experience, and, if so, how much are you bothered by:					
		Not at all	Slightly	Moderately	Greatly
1.	Frequent urination	**0**	**1**	**2**	**3**
2	Urine leakage related to feeling of urgency?	**0**	**1**	**2**	**3**
3	Urine leakage related to physical activity, coughing or sneezing?	**0**	**1**	**2**	**3**
4	Small amounts of urine leakage (drops)?	**0**	**1**	**2**	**3**
5	Difficulty emptying your bladder	**0**	**1**	**2**	**3**
6	Pain or discomfort in the lower abdominal area?	**0**	**1**	**2**	**3**
	Nighttime urination?	**0**	**1**	**2**	**3**
	A strong feeling of urgency to empty your bladder?	**0**	**1**	**2**	**3**

Urogenital Distress Inventory (UDI-6+2) ***Total score...../18***

Has urine leakage and /or prolapse affected your:					
		Not at all	Slightly	Moderately	Greatly
1	Ability to do household chores (cooking, housecleaning, laundry)?	**0**	**1**	**2**	**3**
2	Physical recreation such as walking, swimming, or other exercise?	**0**	**1**	**2**	**3**
3	Entertaining activities (movies, concerts, etc)?	**0**	**1**	**2**	**3**
4	Ability to travel by car or bus more than 30 minutes from home?	**0**	**1**	**2**	**3**
5	Participation in social activities outside your home?	**0**	**1**	**2**	**3**
6	Emotional health (nervousness, depression, etc.)?	**0**	**1**	**2**	**3**
7	Feeling frustrated?	**0**	**1**	**2**	**3**
	Ability to have sexual relations?	**0**	**1**	**2**	**3**

Incontinence Impact Questionnaire (IIQ-7+1) ***Total score...../21***

Uebersax JS, Wyman JF, Shumaker SA, et al.: Short forms to assess life quality and symptom distress for urinary incontinence in women: the incontinence impact questionnaire and the urogenital distress inventory. Neurourol Urodyn 1995, 14: 131-139.

JO DAVENPORT
MRN: 695597
DOB: 7/19/1949
MD: ANAND MOHAPATRA

12/06/2023
03:30

Date:

Intake Form

Vitals:

BP:

HR:

WT:

HT:

O2:

Temp:

Pain:

Urine Collection:

Voided Volume (Hat):

Post Void Residual:

POP-Q

Aa_____	Ba_____	C_____
Pb_____	Gh_____	TVL_____
Ap_____	Bp_____	D_____

Pelvic Floor Strength: _____

Rectal Exam:_____

JO DAVENPORT
MRN: 695597
DOB: 7/19/1949
MD: ANAND MOHAPATRA

Date: **12/06/2023 03:30**

CHECK OUT SHEET – UROLOGY

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Follow Up Time Frame:

☐ 1 WK ☐ 3-4 WKS ☐ 3-4 MO ☐ 1 YEAR ☐ ASAP ☐ XIAFLEX SCHEDULE
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Follow Up Reason	Injection	Other	Minor Procedure
☐ Symptom Recheck	☐ Xiaflex Injection	☐ Urodynamics	☐ Suture/Drain Removal
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☐ Kidney Stone F/U			☐ Cath Change
			☐ Suprapubic Cath Exch

Procedure

☐ Cystoscopy ☐ Cysto/Pelvic Exam
☐ Cysto/Stent Removal ☐ Transrectal US
☐ Cysto/Bladder Botox ☐ Prostate Biopsy
☐ Cysto/TRUS ☐ Intravesical Therapy
☐ Vasectomy ☐ Suprapubic over wire

☐ **Pelvic Floor PT**
- ☐ Pelvic Pain
- ☐ Pain w/Ejaculation
- ☐ Difficulty Urinating
- ☐ Incontinence

Imaging/Orders ☐ ASAP ☐ Prior to Next Appt ☐ Other: _____

Reason:
☐ Kidney Stone ☐ Scrotal Swelling ☐ Eval left/right/bilateral adrenal lesion(s)
☐ Hydronephrosis ☐ Scrotal Pain ☐ Eval left/right/bilateral renal lesion(s)
☐ Other (see note) ☐ Prostate MRI, also evaluate pelvic lymph nodes

☐ KUB ☐ Renal Ultrasound ☐ Scrotal Ultrasound ☐ Pylarify PET Scan

☐ CT Abd/Pelvis
- ☐ w/contrast
- ☐ w/o contrast
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☐ CT Urogram
- ☐ Hematuria
- ☐ Bladder Cancer
- ☐ Hydronephrosis (L/R)

☐ MRI Abd
- ☐ w/o contrast
- ☐ w/ & w/o contrast

☐ MRI Pelvis
- ☐ w/ & w/o contrast

☐ Other Test: _____

Outside Referral: _____

Labs

☐ BMP (7-10 days after med change) ☐ PSA, Total ☐ LITHOLINK ☐ Hgb A1c
☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ PSA, % Free ☐ CBC, CMP, Uric Acid (2 weeks after med change)
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Physician Signature: _____