JULIAN A LIVELY
MRN: 691363
DOB: 2/13/1953
MD: SAMANTHA KUEBLER

12/06/2023
09:00

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 _____

JULIAN A LIVELY
MRN: 691363
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IAL HEALTH INVENTORY FOR MEN (SHIM)

12/06/2023
09:00

TODAY'S DATE: _____

PATIENT INSTRUCTIONS

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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
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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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Date: **12/06/2023 09:00**

CHECK OUT SHEET – UROLOGY

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

Follow Up Time Frame:

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

Follow Up Reason	**Injection**	**Other**	**Minor Procedure**
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☐ Cystoscopy
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- ☐ Pelvic Pain
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Reason:
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☐ Hydronephrosis
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JESSE L KEY SR
MRN: 690675
DOB: 2/2/1957
MD: SAMANTHA KUEBLER

IAL HEALTH INVENTORY FOR MEN (SHIM)

12/06/2023
09:30

TODAY'S DATE: _____

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12/06/2023
09:30

Date:

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Vitals:

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Follow Up Reason	Injection	Other	Minor Procedure
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☐ Kidney Stone F/U			☐ Cath Change
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☐ Cysto/Stent Removal ☐ Transrectal US
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Imaging/Orders ☐ ASAP ☐ Prior to Next Appt ☐ Other: _____

Reason:
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☐ Hydronephrosis
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☐ Scrotal Pain
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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**
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.

EMMA D THOMPKINS
MRN: 690179
DOB: 2/13/1960
MD: SAMANTHA KUEBLER

12/06/2023
10:00

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Would you be interested in treatment options?	Yes	No

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WYMAN LANGHAM
MRN: 693210
DOB: 7/23/1927
MD: SAMANTHA KUEBLER

IAL HEALTH INVENTORY FOR MEN (SHIM)

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DOB: 7/23/1927
MD: SAMANTHA KUEBLER

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

CHECK OUT SHEET – UROLOGY

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

Follow Up Time Frame:

☐ 1 WK ☐ 2 WKS ☐ 3-4 WKS ☐ 6-8 WKS ☐ 3-4 MO ☐ 6-7 MO ☐ 1 YEAR ☐ PRN ☐ ASAP ☐ NEXT AVAIL ☐ XIAFLEX SCHEDULE ☐ 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/Stent Removal
☐ Cysto/Bladder Botox
☐ Cysto/TRUS
☐ Vasectomy
☐ Cysto/Pelvic Exam
☐ Transrectal US
☐ Prostate Biopsy
☐ Intravesical Therapy
☐ 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 _____

CHARLES E TROTTER
MRN: 695166
DOB: 6/13/1942
MD: SAMANTHA KUEBLER

IAL HEALTH INVENTORY FOR MEN (SHIM)

12/06/2023 01:00

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**

CHARLES E TROTTER
MRN: 695166
DOB: 6/13/1942
MD: SAMANTHA KUEBLER

12/06/2023
01:00

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 TROTTER
MRN: 695166
DOB: 6/13/1942
MD: SAMANTHA KUEBLER

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

☐ 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: _____

BARBARA A GUY
MRN: 506865
DOB: 2/12/1954
MD: SAMANTHA KUEBLER

12/06/2023
02:00

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.

BARBARA A GUY
MRN: 506865
DOB: 2/12/1954
MD: SAMANTHA KUEBLER

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:_____

BARBARA A GUY
MRN: 506865
DOB: 2/12/1954
MD: SAMANTHA KUEBLER

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
☐ Hydronephrosis
☐ Scrotal Swelling
☐ Scrotal Pain
☐ Other (see note)
☐ Eval left/right/bilateral adrenal lesion(s)
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☐ 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 _____

RONALD ODOM
MRN: 531262
DOB: 8/29/1952
MD: SAMANTHA KUEBLER

IAL HEALTH INVENTORY FOR MEN (SHIM)

12/06/2023 02:30

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.

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**

RONALD ODOM
MRN: 531262
DOB: 8/29/1952
MD: SAMANTHA KUEBLER

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_____
Ap_____	Bp_____	D_____

Pelvic Floor Strength: _____

Rectal Exam:_____

RONALD ODOM
MRN: 531262
DOB: 8/29/1952
MD: SAMANTHA KUEBLER

Date: **12/06/2023 02:30**

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.

VICTORIA LAW
MRN: 648198
DOB: 1/15/1960
MD: SAMANTHA KUEBLER

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:_____

VICTORIA LAW
MRN: 648198
DOB: 1/15/1960
MD: SAMANTHA KUEBLER

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 ☐ 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: _____