**KATHRYN PEARSON**
MRN: 702221
DOB: 1/1/1955
MD: URODYNAMICS

**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_____ |
| Pb_____ | Gh_____ | TVL_____ |
| Ap_____ | Bp_____ | D_____ |

Pelvic Floor Strength: _____

Rectal Exam:_____

**KATHRYN PEARSON**
MRN: 702221
DOB: 1/1/1955
MD: URODYNAMICS

**12/06/2023**
**08:30**

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**LINDA J ELLIOTT**
MRN: 694555
DOB: 11/27/1944
MD: URODYNAMICS

**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:_____

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**CORINA E CANALES**
MRN: 694286
DOB: 1/12/1947
MD: URODYNAMICS

**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:_____

**CORINA E CANALES**
MRN: 694286
DOB: 1/12/1947
MD: URODYNAMICS

**12/06/2023**
**01:00**

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**BEVERLY H HADLEY**
MRN: 694990
DOB: 1/26/1958
MD: URODYNAMICS

**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:_____

**BEVERLY H HADLEY**
MRN: 694990
DOB: 1/26/1958
MD: URODYNAMICS

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

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

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 _____

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.

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** |

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

**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_____ |
| Pb_____ | Gh_____ | TVL_____ |
| Ap_____ | Bp_____ | D_____ |

Pelvic Floor Strength: _____

Rectal Exam:_____

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

**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 |
|---|---|---|---|
| ☐ 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 |
|---|---|---|---|---|---|---|
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| **Add Symptom Scores:** | + | + | + | + | + | |

**Total International Prostate Symptom Score=** ___

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| 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:

| | | | | | | |
|---|---|---|---|---|---|---|
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| | | 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 |
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**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** |

**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):**

**Post Void Residual:**

## POP-Q

| | | |
|---|---|---|
| Aa_____ | Ba_____ | C_____ |
| Pb_____ | Gh_____ | TVL_____ |
| Ap_____ | Bp_____ | D_____ |

Pelvic Floor Strength: _____

Rectal Exam:_____

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

**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 ☐ 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: _____

# 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

**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:_____

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

**Date:** **12/06/2023 09:30**

# 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
☐ Hydronephrosis
☐ Scrotal Swelling
☐ Scrotal Pain
☐ Other (see note)
☐ Eval left/right/bilateral adrenal lesion(s)
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☐ CT Abd/Pelvis
- ☐ w/contrast
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- ☐ 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 |
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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** |

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

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

**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_____ |
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Pelvic Floor Strength: _____

Rectal Exam:_____

**PHILLIP HOWELL**
MRN: 696066
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**Date:** **12/06/2023 10:00**

# CHECK OUT SHEET – UROLOGY

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Other than water, what do you drink during the day? _____
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# IAL HEALTH INVENTORY FOR MEN (SHIM)



_____ TODAY'S DATE: _____

## PATIENT INSTRUCTIONS

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

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

**Date:**

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| | | |
|---|---|---|
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| Pb_____ | Gh_____ | TVL_____ |
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Pelvic Floor Strength: _____

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**MINGO B FICKLIN**
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_____ TODAY'S DATE: _____

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| | 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 |
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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

☐ **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 |
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| ☐ Kidney Stone F/U | | | ☐ Cath Change |
| | | | ☐ Suprapubic Cath Exch |

| Procedure | |
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| ☐ Cystoscopy | ☐ Cysto/Pelvic Exam |
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| ☐ Cysto/TRUS | ☐ Intravesical Therapy |
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☐ **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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- ☐ w/contrast
- ☐ w/o contrast
- ☐ w/ & w/o contrast

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

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- ☐ 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 |
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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** |

**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_____ |
| Pb_____ | Gh_____ | TVL_____ |
| Ap_____ | Bp_____ | D_____ |

Pelvic Floor Strength: _____

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# CHECK OUT SHEET – UROLOGY

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# 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.**

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**Total International Prostate Symptom Score=** ___

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| 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

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| | | |
|---|---|---|
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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

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_____ **TODAY'S DATE:** _____

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| **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** |

**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
- ☐ 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.

**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_____ |
| Ap_____ | Bp_____ | D_____ |

Pelvic Floor Strength: _____

Rectal Exam:_____

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

**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
☐ 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

☐ 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** |

**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:**

☐ 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.

**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

☐ **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: _____

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

**12/06/2023**
**08:30**

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

**12/06/2023**
**09:30**

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

**12/06/2023**
**01:00**

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

**12/06/2023**
**02:00**

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

**12/06/2023**
**03:15**

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

**ELEANOR E HEATON**
MRN: 313994
DOB: 4/3/1950
MD: DANIELLE TAYLOR

**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_____ |
| Pb_____ | Gh_____ | TVL_____ |
| Ap_____ | Bp_____ | D_____ |

Pelvic Floor Strength: _____

Rectal Exam:_____

**ELEANOR E HEATON**
MRN: 313994
DOB: 4/3/1950
MD: DANIELLE TAYLOR

**12/06/2023**
**08:30**

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**MELVIE R MAXWELL**
MRN: 702997
DOB: 10/7/1949
MD: DANIELLE TAYLOR

**12/06/2023**
**09:30**

**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:_____

**MELVIE R MAXWELL**
MRN: 702997
DOB: 10/7/1949
MD: DANIELLE TAYLOR

**12/06/2023**
**09:30**

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**SHARON L STORY**
MRN: 694467
DOB: 11/5/1970
MD: DANIELLE TAYLOR

**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:_____

**SHARON L STORY**
MRN: 694467
DOB: 11/5/1970
MD: DANIELLE TAYLOR

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

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**CYNTHIA BROGAN**
MRN: 689268
DOB: 3/5/1973
MD: DANIELLE TAYLOR

**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_____ |
| Pb_____ | Gh_____ | TVL_____ |
| Ap_____ | Bp_____ | D_____ |

Pelvic Floor Strength: _____

Rectal Exam:_____

**CYNTHIA BROGAN**
MRN: 689268
DOB: 3/5/1973
MD: DANIELLE TAYLOR

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

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**LEANNA M TILLMAN**
MRN: 127426
DOB: 10/29/1950
MD: DANIELLE TAYLOR

**12/06/2023**
**11:45**

**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:_____

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**DIANNE M PHILLIPS**
MRN: 694900
DOB: 1/7/1947
MD: DANIELLE TAYLOR

**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:_____

**DIANNE M PHILLIPS**
MRN: 694900
DOB: 1/7/1947
MD: DANIELLE TAYLOR

**12/06/2023**
**01:00**

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**JANET HUDSON**
MRN: 519545
DOB: 11/12/1946
MD: DANIELLE TAYLOR

**12/06/2023**
**01:15**

**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:_____

**JANET HUDSON**
MRN: 519545
DOB: 11/12/1946
MD: DANIELLE TAYLOR

**12/06/2023**
**01:15**

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**MALICA L HIMES**
MRN: 689518
DOB: 12/3/1981
MD: DANIELLE TAYLOR

**12/06/2023**
**01:45**

**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:_____

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**REBECCA L THOMAS**
MRN: 694719
DOB: 2/21/1972
MD: DANIELLE TAYLOR

**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:_____

**REBECCA L THOMAS**
MRN: 694719
DOB: 2/21/1972
MD: DANIELLE TAYLOR

**12/06/2023**
**02:00**

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**BARBARA JOHNSON**
MRN: 702551
DOB: 3/26/1946
MD: DANIELLE TAYLOR

**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:_____

**BARBARA JOHNSON**
MRN: 702551
DOB: 3/26/1946
MD: DANIELLE TAYLOR

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

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**SUE S GOFF**
MRN: 508379
DOB: 8/6/1949
MD: DANIELLE TAYLOR

**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:_____

**SUE S GOFF**
MRN: 508379
DOB: 8/6/1949
MD: DANIELLE TAYLOR

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

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**JUDITH C BIERMAN**
MRN: 689509
DOB: 8/16/1951
MD: DANIELLE TAYLOR

**12/06/2023**
**02:45**

**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:_____

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**PAMELA EDMONDSON**
MRN: 702922
DOB: 11/24/1953
MD: DANIELLE TAYLOR

**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:_____

**PAMELA EDMONDSON**
MRN: 702922
DOB: 11/24/1953
MD: DANIELLE TAYLOR

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

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**MARSHA DUFFIN**
MRN: 702692
DOB: 3/22/1958
MD: DANIELLE TAYLOR

**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:_____

**MARSHA DUFFIN**
MRN: 702692
DOB: 3/22/1958
MD: DANIELLE TAYLOR

**12/06/2023**
**03:15**

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**VICKIE MOON**
MRN: 660023
DOB: 5/22/1963
MD: DANIELLE TAYLOR

**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:_____

**VICKIE MOON**
MRN: 660023
DOB: 5/22/1963
MD: DANIELLE TAYLOR

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

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

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** |

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

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

**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:_____

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

**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 ☐ 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

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- ☐ 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.**

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e.g. 1 cup green tea, 12 oz Pepsi, 2 cans of beer _____

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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**Voided Volume (Hat):**

**Post Void Residual:**

## POP-Q

| | | |
|---|---|---|
| Aa_____ | Ba_____ | C_____ |
| Pb_____ | Gh_____ | TVL_____ |
| Ap_____ | Bp_____ | D_____ |

Pelvic Floor Strength: _____

Rectal Exam:_____

**JESSE L KEY SR**
MRN: 690675
DOB: 2/2/1957
MD: SAMANTHA KUEBLER

**Date:** **12/06/2023 09:30**

# CHECK OUT SHEET – UROLOGY

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| Follow Up Reason | Injection | Other | Minor Procedure |
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| ☐ 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
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**Imaging/Orders** ☐ ASAP ☐ Prior to Next Appt ☐ Other: _____

**Reason:**
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☐ 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: _____

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

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

# 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.

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MRN: 690179
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**12/06/2023**
**10:00**

**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:_____

**EMMA D THOMPKINS**
MRN: 690179
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- ☐ Pelvic Pain
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**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 |
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| **Weak stream**- How often have you had a weak urinary stream? | 0 | 1 | 2 | 3 | 4 | 5 |
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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 _____

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

# IAL HEALTH INVENTORY FOR MEN (SHIM)

12/06/2023
11:00

_____ 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** |

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

**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:_____

**WYMAN LANGHAM**
MRN: 693210
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 ☐ 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 |
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| **Urgency**- How often have you found it difficult to postpone urination? | 0 | 1 | 2 | 3 | 4 | 5 |
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| **Straining**- How often have you had to push or strain to begin urination? | 0 | 1 | 2 | 3 | 4 | 5 |
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| **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 |
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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 |
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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 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: _____

# 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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☐ CT Abd/Pelvis
- ☐ w/contrast
- ☐ w/o contrast
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- ☐ 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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☐ 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.

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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 |
| | | 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
☐ 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.

**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
☐ 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: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

**JESSE L KEY SR**
MRN: 690675
DOB: 2/2/1957
MD: SAMANTHA KUEBLER

**12/06/2023**
**09:30**

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

**12/06/2023**
**01:00**

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

**12/06/2023**
**02:00**

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

**KATHRYN PEARSON**
MRN: 702221
DOB: 1/1/1955
MD: URODYNAMICS

**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_____ |
| Pb_____ | Gh_____ | TVL_____ |
| Ap_____ | Bp_____ | D_____ |

Pelvic Floor Strength: _____

Rectal Exam:_____

**KATHRYN PEARSON**
MRN: 702221
DOB: 1/1/1955
MD: URODYNAMICS

**12/06/2023**
**08:30**

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**LINDA J ELLIOTT**
MRN: 694555
DOB: 11/27/1944
MD: URODYNAMICS

**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:_____

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**CORINA E CANALES**
MRN: 694286
DOB: 1/12/1947
MD: URODYNAMICS

**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:_____

**CORINA E CANALES**
MRN: 694286
DOB: 1/12/1947
MD: URODYNAMICS

**12/06/2023**
**01:00**

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**BEVERLY H HADLEY**
MRN: 694990
DOB: 1/26/1958
MD: URODYNAMICS

**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:_____

**BEVERLY H HADLEY**
MRN: 694990
DOB: 1/26/1958
MD: URODYNAMICS

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

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

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| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

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 _____

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.

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 |
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| **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** |

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**12/06/2023**
**08:30**

**Date:**

# Intake Form

**Vitals:**

**BP:**

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**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:_____

**HASTING CURRY**
MRN: 693368
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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 |
|---|---|---|---|
| ☐ 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 | |
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☐ **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
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- ☐ w/contrast
- ☐ w/o contrast
- ☐ w/ & w/o contrast

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**Outside Referral**: _____

**Labs**

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☐ SEMEN ANALYSIS (abstain for 2 days beforehand) ☐ OTHER: _____

Physician Signature: _____

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

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

**Date:**

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**HR:**

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**HT:**

**O2:**

**Temp:**

**Pain:**

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**Voided Volume (Hat):**

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## POP-Q

| | | |
|---|---|---|
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Pelvic Floor Strength: _____

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☐ Scrotal Pain
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**Outside Referral**: _____

**Labs**

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☐ 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.

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

**12/06/2023**
**09:30**

**Date:**

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**Voided Volume (Hat):**

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## POP-Q

| | | |
|---|---|---|
| Aa_____ | Ba_____ | C_____ |
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Pelvic Floor Strength: _____

Rectal Exam:_____

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Physician Signature: _____

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# 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 |
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| | 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 |
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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** |

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

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

**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:_____

**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 |
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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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**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:**

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| | | |
|---|---|---|
| Aa_____ | Ba_____ | C_____ |
| Pb_____ | Gh_____ | TVL_____ |
| Ap_____ | Bp_____ | D_____ |

Pelvic Floor Strength: _____

Rectal Exam:_____

**MINGO B FICKLIN**
MRN: 691273
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# CHECK OUT SHEET – UROLOGY

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# IAL HEALTH INVENTORY FOR MEN (SHIM)



_____ TODAY'S DATE: _____

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

| | | |
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| **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:**

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**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
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# CHECK OUT SHEET – UROLOGY

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| **Add Symptom Scores:** | + | + | + | + | + | |

**Total International Prostate Symptom Score=** ___

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|---|---|---|

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# 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.

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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 |
| | | 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 |
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| | 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 |
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| **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** |

**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_____ |
| Pb_____ | Gh_____ | TVL_____ |
| 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**

# 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 |
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| **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:

| | | | | | | |
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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 |
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Pelvic Floor Strength: _____

Rectal Exam:_____

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

**Date:** 12/06/2023 01:00

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**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):**

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## POP-Q

| | | |
|---|---|---|
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| Ap_____ | Bp_____ | D_____ |

Pelvic Floor Strength: _____

Rectal Exam:_____

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# CHECK OUT SHEET – UROLOGY

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**Procedure**

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**Reason:**
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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.

**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
- ☐ 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.

**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_____ |
| Ap_____ | Bp_____ | D_____ |

Pelvic Floor Strength: _____

Rectal Exam:_____

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

**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
☐ 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 |
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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)
☐ Prostate MRI, also evaluate pelvic lymph nodes

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☐ 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** |

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

**12/06/2023**
**03:15**

**Date:**

# Intake Form

**Vitals:**

**BP:**

**HR:**

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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:_____

**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)**

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

☐ **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: _____

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

**12/06/2023**
**08:30**

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

**12/06/2023**
**09:30**

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

**12/06/2023**
**01:00**

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

**12/06/2023**
**02:00**

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

**12/06/2023**
**03:15**

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

**ELEANOR E HEATON**
MRN: 313994
DOB: 4/3/1950
MD: DANIELLE TAYLOR

**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_____ |
| Pb_____ | Gh_____ | TVL_____ |
| Ap_____ | Bp_____ | D_____ |

Pelvic Floor Strength: _____

Rectal Exam:_____

**ELEANOR E HEATON**
MRN: 313994
DOB: 4/3/1950
MD: DANIELLE TAYLOR

**12/06/2023**
**08:30**

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**MELVIE R MAXWELL**
MRN: 702997
DOB: 10/7/1949
MD: DANIELLE TAYLOR

**12/06/2023**
**09:30**

**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:_____

**MELVIE R MAXWELL**
MRN: 702997
DOB: 10/7/1949
MD: DANIELLE TAYLOR

**12/06/2023**
**09:30**

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**SHARON L STORY**
MRN: 694467
DOB: 11/5/1970
MD: DANIELLE TAYLOR

**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:_____

**SHARON L STORY**
MRN: 694467
DOB: 11/5/1970
MD: DANIELLE TAYLOR

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

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**CYNTHIA BROGAN**
MRN: 689268
DOB: 3/5/1973
MD: DANIELLE TAYLOR

**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_____ |
| Pb_____ | Gh_____ | TVL_____ |
| Ap_____ | Bp_____ | D_____ |

Pelvic Floor Strength: _____

Rectal Exam:_____

**CYNTHIA BROGAN**
MRN: 689268
DOB: 3/5/1973
MD: DANIELLE TAYLOR

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

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**LEANNA M TILLMAN**
MRN: 127426
DOB: 10/29/1950
MD: DANIELLE TAYLOR

**12/06/2023**
**11:45**

**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:_____

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**DIANNE M PHILLIPS**
MRN: 694900
DOB: 1/7/1947
MD: DANIELLE TAYLOR

**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:_____

**DIANNE M PHILLIPS**
MRN: 694900
DOB: 1/7/1947
MD: DANIELLE TAYLOR

**12/06/2023**
**01:00**

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**JANET HUDSON**
MRN: 519545
DOB: 11/12/1946
MD: DANIELLE TAYLOR

**12/06/2023**
**01:15**

**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:_____

**JANET HUDSON**
MRN: 519545
DOB: 11/12/1946
MD: DANIELLE TAYLOR

**12/06/2023**
**01:15**

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**MALICA L HIMES**
MRN: 689518
DOB: 12/3/1981
MD: DANIELLE TAYLOR

**12/06/2023**
**01:45**

**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:_____

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**REBECCA L THOMAS**
MRN: 694719
DOB: 2/21/1972
MD: DANIELLE TAYLOR

**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:_____

**REBECCA L THOMAS**
MRN: 694719
DOB: 2/21/1972
MD: DANIELLE TAYLOR

**12/06/2023**
**02:00**

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**BARBARA JOHNSON**
MRN: 702551
DOB: 3/26/1946
MD: DANIELLE TAYLOR

**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:_____

**BARBARA JOHNSON**
MRN: 702551
DOB: 3/26/1946
MD: DANIELLE TAYLOR

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

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**SUE S GOFF**
MRN: 508379
DOB: 8/6/1949
MD: DANIELLE TAYLOR

**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:_____

**SUE S GOFF**
MRN: 508379
DOB: 8/6/1949
MD: DANIELLE TAYLOR

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

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**JUDITH C BIERMAN**
MRN: 689509
DOB: 8/16/1951
MD: DANIELLE TAYLOR

**12/06/2023**
**02:45**

**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:_____

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**PAMELA EDMONDSON**
MRN: 702922
DOB: 11/24/1953
MD: DANIELLE TAYLOR

**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:_____

**PAMELA EDMONDSON**
MRN: 702922
DOB: 11/24/1953
MD: DANIELLE TAYLOR

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

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**MARSHA DUFFIN**
MRN: 702692
DOB: 3/22/1958
MD: DANIELLE TAYLOR

**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:_____

**MARSHA DUFFIN**
MRN: 702692
DOB: 3/22/1958
MD: DANIELLE TAYLOR

**12/06/2023**
**03:15**

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

Physician Signature: _____

**VICKIE MOON**
MRN: 660023
DOB: 5/22/1963
MD: DANIELLE TAYLOR

**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:_____

**VICKIE MOON**
MRN: 660023
DOB: 5/22/1963
MD: DANIELLE TAYLOR

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

**Date: 11/16/2023**

# CHECK OUT SHEET
# UROGYNECOLOGY

☐ **PT TO SEE SURGERY SCHEDULER TODAY**

## Follow up time frame:

| | | | | |
|---|---|---|---|---|
| PRN | 1 WEEK | 2 WEEKS | 4 WEEKS | 6 WEEKS |
| | 2 MONTHS | 3 MONTHS | 6 MONTHS | 1 YEAR |

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

**Outside Referral**: _____

## Follow up reason:

| | | | | |
|---|---|---|---|---|
| OAB Med Check | PVR check | Urodynamics | Pessary Fitting | Pessary Check |
| Cystoscopy | Cystoscopy with Botox | Post –operative Visit | Imaging results Discussion | PT Follow up |
| PTNS | Pelvic Floor Injections | Pelvic floor dysfunction | Prolapse Follow up | Urinary Incontinence follow up |
| Interstitial Cystitis | Microscopic Hematuria | Recurrent UTI | Vaginal atrophy | Chronic pelvic pain |

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** |

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

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

**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:_____

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

**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 ☐ 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 _____

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: _____

## 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** |

**JESSE L KEY SR**
MRN: 690675
DOB: 2/2/1957
MD: SAMANTHA KUEBLER

**12/06/2023**
**09:30**

**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:_____

**JESSE L KEY SR**
MRN: 690675
DOB: 2/2/1957
MD: SAMANTHA KUEBLER

**Date:** **12/06/2023 09:30**

# 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: _____

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

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

# 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.

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

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

**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:_____

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

**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
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☐ **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: _____

# 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 _____

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

# IAL HEALTH INVENTORY FOR MEN (SHIM)

12/06/2023
11:00

_____ 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** |

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

**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:_____

**WYMAN LANGHAM**
MRN: 693210
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 ☐ 3-4 WKS ☐ 3-4 MO ☐ 1 YEAR ☐ ASAP ☐ XIAFLEX SCHEDULE
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| ☐ Imaging Results | ☐ Lupron 3-mo dose | ☐ Penile Inj Teaching | ☐ PVR |
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| | | | ☐ Suprapubic Cath Exch |

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|---|---|
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- ☐ 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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- ☐ w/contrast
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- ☐ Bladder Cancer
- ☐ Hydronephrosis (L/R)

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- ☐ w/o contrast
- ☐ w/ & w/o contrast

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- ☐ w/ & w/o contrast

☐ Other Test: _____

**Outside Referral**: _____

**Labs**

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☐ 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 |
| | 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: _____

# 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)
☐ 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** |

**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
☐ 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.

**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
☐ 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: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

**JESSE L KEY SR**
MRN: 690675
DOB: 2/2/1957
MD: SAMANTHA KUEBLER

**12/06/2023**
**09:30**

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

**12/06/2023**
**01:00**

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

**12/06/2023**
**02:00**

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____

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

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

# MA SAME DAY – UROLOGY

☐ UA ☐ Culture ☐ Cytology ☐ PVR ☐ Void Trial ☐ Fill and Pull Void Trial

☐ PSA ☐ BMP ☐ Hgb A1c ☐ LITHOLINK ☐ CMP ☐ Pre-Albumin

☐ BMP, Ca, Mg, Phos, Uric Acid, PTH ☐ BMP, CBC, LFTs, Uric Acid

☐ TOTAL T, SHBG, CBC ☐ FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN

☐ TOTAL T, CBC ☐ OTHER: _____

☐ Pelvic Exam after work-up

Physician Signature: _____