Patient name: ____________________  Age: _______  G/P: ____________________

Chief complaint: ____________________________________________________________

History of present illness: __________________________________________________

Prolapse symptoms:  ○ Pelvic pressure  ○ Vaginal bulge
Onset and course: __________________________________________________________

Stress incontinence:

○ cough  ○ sneezing  ○ lifting  ○ laughing  ○ exercise  ○ sex
Onset and frequency: ________________________________________________________

Overactive bladder:

○ urgency  ○ frequency  ○ Nighttime Frequency  ○ urge incontinence  ○ Nocturia
Onset and frequency: ________________________________________________________

Triggers:  ○ key in the door  ○ change in position  ○ sight or sound of running water

Pads/day  ____________________  Pads/night  ____________________

Difficult voiding:  ○ incomplete emptying  ○ positional voiding  ○ valsalva voiding

Bowel symptoms:

○ frequency  -----/day  ○ soft/regular  ○ straining with BM  ○ sensation of stool trapping

○ Perineal/vaginal splinting  ○ Fecal incontinence

Sexual symptoms:

Active:  ○ No issues  ○ Dryness  ○ Dyspareunia (superficial/deep)

Inactive:  Reason __________________________________________________________

UTI history:  ○ Current symptoms  ____________________  ○ Recurrent UTIs  ____________

Intake (cup-glass/day):  ○ water  ○ juice  ○ milk  ○ coffee  ○ tea

○ soda  ○ alcohol

Interfere with quality of life
Menstrual history

Obstetric history

ROS

Past medical history:
- HTN: ________
- DM: ________
- CAD: ________
- Asthma: ________
- Coag: ________
- Thyroid: ________
- Others: ____________________________

Medications:
- ASA ________________
- Fish oil, Ginko ________
- Anticoagulation ________________

Past surgical history:
- Hystectomy: Route ________________ Year ______
- POP repair/UI surgery: ____________________________
- Appendectomy ________________
- Cholecystectomy ________________________________
- Others ____________________________

Social history:
- Tobacco: ________________
- Alcohol ________________
- Job ________________

Family history:
- Breast ________
- Ovarian ________
- Uterine ________
- Colon ________

Allergies ____________________________

Examination:
- Urethra: Diverticulum (yes, no) SUI (yes, no) ________________ Urethral mobility ________________
- Cystocele ________________
- Rectocele ________________
- uterine ________________
- Atrophy ________________
- Pelvic floor ________________
- Uterine size _____ weeks
- Uterine mobility
- Vaginal caliber: narrow – adequate
- Cervix location: normal, high, prolapsed
- Uterine descent: ________________

Impression:

Pelvic Muscles:
- Levator Spasm
- Tissue
- Other

POP:
- Cystocele
- Uterus/Vault
- Rectocele
- Perineocele
- U5
- Stress
- Urgo
- Mixed

Intesition

Plan:
POP: Obs
Obs: Obs
Other: BowelReg
Surgery: PT
Sling
Intestim

CP: UTI
Recurent UTI

Other:
LithoCt