Name:	mobile diagnostic solutions "We Care Questionnaire"									
Over the past month, have you leaked urine (even small drops), or wet yourself when you do any of the following: \(\) Cough \(\) Sineze \(\) Change position \(\) Walk quickly or exercise \(\) Have a sudden strong urge to rush to the restroom \(\) When you are undressing to go to the restroom \(\) When you are undressing to go to the restroom \(\) When you are undressing to go to the restroom \(\) Have you be interested in learning more about a cure \(\) WITHOUT medicine or surgery? \(\) Your Sores \(\) Would you be interested in learning more about a cure \(\) WITHOUT medicine or surgery? \(\) Your Sores \(\) Would you be interested from constipation? \(\) Yes \(\) In the past two years \(\) a previously infected joint \(\) Instantant Have you ever suffered from constipation? \(\) Yes \(\) No \(\) Have you ever had pain with bowel movements? \(\) Yes \(\) No \(\) Have you ever leaked stool or gas, even a small amount? \(\) Yes \(\) No \(\) Have you ever leaked stool or gas, even a small amount? \(\) Yes \(\) No \(\) Have you ever leaked stool or gas, even a small amount? \(\) Yes \(\) No \(\) Have you ever leaked stool or gas, even a small amount? \(\) Yes \(\) No \(\) Have you ever leaked stool or gas, even a small amount? \(\) Yes \(\) No \(\) OFFICE USE ONLY—DO NOT WRITE BELOW LINE \(\) \(\) Unine Cytology x 3 days (see cystoscopy) \(\) Indication: \(\) Unine Cytology x 3 days (see cystoscopy) \(\) Indication: \(\) OMIXED ING \(\) Indication: \(\) Unine Cytology x 3 days (see cystoscopy) \(\) Indication: \(\) OFFICE USE ONLY—DO NOT WRITE BELOW LINE \(\) \(\) OFFICE USE ONLY—DO NOT WRITE BELOW LINE \(\) OFFICE USE ONLY—DO NOT WRITE BELOW LINE \(\) OFFICE USE ONLY—DO NOT WRITE BELOW LINE \(\) OFFICE USE ONLY—DO NOT WRITE BELOW LINE \(\) OFFICE USE ONLY—DO NOT WRITE BELOW LINE \(\) OFFICE USE ONLY—DO NOT WRITE BELOW LINE \(\) OFFICE USE ONLY—DO NOT WRITE BELOW LINE \(\) OFFICE USE ONLY—DO NOT WRITE BELOW LINE \(\) OFFICE USE ONLY—DO NOT WRITE BELOW	Name:		D	ate of Birth:		Today's	Date:			
leaked urine (even small drops), or wet yourself when you do any of the following:	Phone Number: ()			Insurance	e Company:					
 ♦ Sneeze ♦ Change position ♦ Walk quickly or exercise ♦ Have a sudden strong urge to rush to the restroom ♦ When you are undressing to go to the restroom ♦ Would you be interested in learning more about a cure WITHOUT medicine or surgery? □ Yes □ No • Have you had a Prosthetic joint replacement □ in the past two years □ a previously infected joint □ Insulin dependent diabetes • Have you ever suffered from constipation? □ Yes □ No • Have you ever had pain with bowel movements? □ Yes □ No • Have you ever leaked stool or gas, even a small amount? □ Yes □ No OFFICE USE ONLY—DO NOT WRITE BELOW LINE LABS □ UA with C&S □ Urine Cytology x 3 days (see cystoscopy) OUNSELLING □ Pt reports having tried kegel exercises In the past x 4 weeks. □ QoL questionnaire □ List of bladder irritants □ Instructed on proper performance of Kegel exercises regelerations □ Generation □ Neuro condition ○ A & P reviewed □ Behavioral techniques discussed □ Behavioral techniques discussed □ Behavioral techniques discussed □ Behavioral techniques discussed □ Pervious surgery O Previous surgery	leaked urine (even small drops), or wet yourself when you do any of the following:		a			•	_			
to rush to the restroom When you are undressing to go to the restroom O 1 2 3 4 5 *Would you be interested in learning more about a cure WITHOUT medicine or surgery?□Yes □No *Have you had a Prosthetic joint replacement □ in the past two years □ a previously infected joint □ Insulin dependent diabetes □ Inflammatory arthritis Have you ever suffered from constipation? □Yes □No Have you ever had pain with bowel movements? □Yes □No Have you ever leaked stool or gas, even a small amount? □Yes □No OFFICE USE ONLY—DO NOT WRITE BELOW LINE Drine Cytology x 3 days (see cystoscopy) □ Refer for Urologist consult (cystoscopy) Indication: □ Pt reports having tried kegel exercises □ Neuro condition □ Pt reports having tried kegel exercises □ Voiding Diary □ QOL questionnaire □ QOL questionnaire □ QOL questionnaire □ QOL questionnaire □ Neuro condition □ Abnormal bladder capacity □ Failed medical therapy □ Recurrent UTI □ Regel exercises □ Regel exercise prescription given □ QoL questionnaire □ Directive voiding Urgency/Frequency □ Pelvic relaxation □ Previous surgery JOINT REPLACEMENT PROPHYLAXIS □ Previous surgery Aborband a Prosthetic joint acure WITHOUT medicine or surgery Yes □ No A serviewed □ Refer for Urologist consult (cystoscopy)	♦ Sneeze♦ Change position	0	1	2	3	4	5	<u>STRESS</u>		
*Would you be interested in learning more about a cure *WITHOUT* medicine or surgery? Pes Do *Have you had a Prosthetic joint replacement in the past two years a previously infected joint Insulin dependent diabetes Inflammatory arthritis * Have you ever suffered from constipation? Pes Do * Have you ever had pain with bowel movements? Pes Do * Have you ever leaked stool or gas, even a small amount? Pes Do * Have you ever leaked stool or gas, even a small amount? Pes Do * Have you ever leaked stool or gas, even a small amount? Pes Do * Have you ever leaked stool or gas, even a small amount? Pes Do * Have you ever leaked stool or gas, even a small amount? Pes Do * Have you ever leaked stool or gas, even a small amount? Pes Do * Have you ever leaked stool or gas, even a small amount? Pes Do * Have you ever loaked stool or gas, even a small amount? Pes Do * Have you ever loaked stool or gas, even a small amount? Pes Do * Have you ever loaked stool or gas, even a small amount? Pes Do * Have you ever loaked stool or gas, even a small amount? Pes Do * Have you ever loaked stool or gas, even a small amount? Pes Do * Have you ever loaked stool or gas, even a small amount? Pes Do * Have you ever loaked stool or gas, even a small amount? Pes Do * Have you ever loaked stool or gas, even a small amount? Pes Do * Have you ever loaked stool or gas, even a small amount? Pes Do * Have you ever loaked stool or gas, even a small amount? Pes Do * Have you ever loaked stool or gas, even a small amount? Pes Do * Have you ever loaked stool or gas, even a small amount? Pes Do * Have you ever loaked stool or gas, even a small amount? Pes Do * Have you ever loaked stool or gas, even a small amount? Pes Do * Have you ever loaked stool or gas, even a small amount? Pes Do * Have you ever loaked babets Do * Inflammatory arthritis * Inflammatory arthriti	to rush to the restroom							URGENCY		
• Have you had a Prosthetic joint replacement ☐ in the past two years ☐ lnsulin dependent diabetes ☐ Inflammatory arthritis • Have you ever suffered from constipation? ☐ Yes ☐ No • Have you ever had pain with bowel movements? ☐ Yes ☐ No • Have you ever leaked stool or gas, even a small amount? ☐ Yes ☐ No OFFICE USE ONLY—DO NOT WRITE BELOW LINE ☐ Urine Cytology x 3 days (see cystoscopy) COUNSELLING ☐ Pt reports having tried kegel exercises ☐ List of bladder irritants ☐ Neuro condition ☐		0	1	2	3	4	5			
□ Urine Cytology x 3 days (see cystoscopy) COUNSELLING □ Pt reports having tried kegel exercises □ In the past x 4 weeks. □ Voiding Diary □ QOL questionnaire □ List of bladder irritants □ Instructed on proper performance of Kegel exercises □ Kegel exercises □ Kegel exercise prescription given □ A & P reviewed □ Absorbent products recommended JOINT REPLACEMENT PROPHYLAXIS □ Refer for Urologist consult (cystoscopy) □ Indication: □ Complex Urodynamics □ Mixed incontinence ○ Mixed incontinence ○ Urge incontinence ○ Urge incontinence ○ Neuro condition ○ Abnormal bladder capacity ○ Failed medical therapy ○ Recurrent UTI ○ Urethral insufficiency ○ Chronic retention ○ Obstructive voiding Urgency/Frequency ○ Pelvic relaxation	 Have you ever suffered from constipation? □Yes □No Have you ever had pain with bowel movements? □Yes □No Have you ever leaked stool or gas, even a small amount? □Yes □No 									
TCipro 500mg p.o. 1hr prior to Urodynamic testing ——————————, M.D	requency									
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