



“We Care Questionnaire”

Name: _____ Date of Birth: _____ Today's Date: _____

Phone Number: (____) _____ Insurance Company: _____

Over the past month, have you leaked urine (even small drops), or wet yourself when you do any of the following:

- ◆ Cough
- ◆ 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

Not at all	1-2 times a Month	1 time a week	3-4 times a week	5-6 days a week	Every day	Your Score:
0	1	2	3	4	5	<u>STRESS</u>
0	1	2	3	4	5	<u>URGENCY</u>

- 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

LABS

- UA with C&S*
- 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 exercise prescription given
- A & P reviewed
- Behavioral techniques discussed
- Absorbent products recommended

JOINT REPLACEMENT PROPHYLAXIS

- Cipro 500mg p.o. 1hr prior to Urodynamic testing

STUDIES

- Refer for Urologist consult (cystoscopy)
Indication:
- Complex Urodynamics*
 - Mixed incontinence
 - Stress incontinence
 - Urge incontinence
 - Neuro condition
 - Abnormal bladder capacity
 - Failed medical therapy
 - Recurrent UTI
 - Urethral insufficiency
 - Chronic retention
 - Obstructive voiding Urgency/Frequency
 - Pelvic relaxation
 - Previous surgery
 - Unsure diagnosis

_____, M.D

