

Bladder Boutique New Patient Form

Name: _____ Age: _____ Date: _____

Are you seeking help for Leakage/Incontinence? Yes No

If yes, please describe your leakage condition:

If no, what condition or conditions are you seeking medical advice about:

Bladder History

- Urgency
- Frequency
- Nocturia (i.e., urinating at night)
- Leakage of Urine with Urgency
 - Daily Nightly Weekly Monthly
- Urine leakage with movement/coughing
 - Daily Nightly Weekly Monthly
- Pad Usage
 - Daytime _____ # of times changed
 - Nighttime _____ # of times changed
- Diaper Usage
 - Daytime _____ # of times changed
 - Nighttime _____ # of times changed
- Current Medication taken for leakage
 - Ditropan (Oxybutynin)
 - Detrol (Tolterodine)
 - Sanctura (Trospium)
 - Vesicare (Solifenacin)
 - Enablex (Darifenacin)
 - Myrbetriq (Mirabegron)
 - Gemtesa (Vibegron)
- Prior Medications taken for leakage
 - Ditropan (Oxybutynin)
 - Detrol (Tolterodine)
 - Sanctura (Trospium)
 - Vesicare (Solifenacin)
 - Enablex (Darifenacin)
 - Myrbetriq (Mirabegron)
 - Gemtesa (Vibegron)
- Urinary Hesitancy

Bowel History

- Up to date colonoscopy
- Constipation
- IBS (Irritable Bowel Syndrome)
- Gastroparesis
- Loose Stools
- Fecal Urgency (i.e. rushing for bowels)
 - Daily Nightly Weekly Monthly
- Fecal Incontinence (i.e. bowel leakage)
 - Daily Nightly Weekly Monthly

Urologic History

- Blood in the Urine
- Kidney Stones
- Bladder Cancer
- Kidney Cancer
- Prior Pelvic Radiation

Pelvic Health

- UTIs (Urinary Tract Infections)
 - Antibiotics Taken
 - Times taken in the last 12 months _____
- Interstitial Cystitis/ Bladder Pain
- Pelvic Pain
- Sexually Active
- Pain with Relations
- Prior Pelvic Floor Physical Therapy
- Prior Deliveries
 - Vaginal # _____
 - C-Section # _____
- Hysterectomy
- Uterine Cancer
- Vaginal Dryness
- Bothering Vaginal Bulge
- Prior Vaginal Surgery
- Prior Vaginal Laser Treatment
- Vaginal Hormone Use
 - Type of hormone _____

Neurologic Conditions

- Memory Issues
- Headaches
- Migraines
- Multiple Sclerosis
- Stroke
- Parkinson's Disease
- Myasthenia Gravis
- Spinal Cord Injury
- Peripheral Neuropathy

Surgical History

- Appendectomy
- Cholecystectomy
- Hernia Repair
- Bowel Resection
- Other Abdominal Surgeries
- Back Surgery
- Pain Stimulator

Medical History

- Dry Mouth
- Dry Eyes
- Hypertension
- Glaucoma
- Fibromyalgia
- Sjogren's
- Diabetes
 - HbA1c _____%
- Kidney Disease
- Liver Disease
- Pulmonary Embolism (PE)
- Deep Vein Thrombosis (DVT)
- Smoker
 - Past Present
- Heart Attack (MI)
- Sleep Apnea
- Back Pain
- Breast Cancer
- Cancer: Type _____

Medications

- Blood Thinner Use
 - Aspirin
 - NSAID
 - Coumadin/Warfarin
 - Plavix
 - Pradaxa
 - Eliquis
 - _____
- Heart Antiarrhythmic
- Steroids
 - _____
- Metformin
- Narcotics
- Hormones: _____

Allergies

- Iodine
- Contrast Dye
- Antibiotics
 - _____
- Other Allergies
 - _____