

How did you find out about Dr. Watson?

C

- Another Person ... Who? \_\_\_\_\_
- Another Doctor ... Who? \_\_\_\_\_
- Other ... How? \_\_\_\_\_
- Yellow Pages \_\_\_\_\_
- Newspaper \_\_\_\_\_
- Internet \_\_\_\_\_

Full Name: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Numbers: (home) (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ (work) (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_  
 (cell phone) (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ (other phone) (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (This is used only as a unique medical record number.)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Primary Care or Family Doctor: \_\_\_\_\_

Other Doctors you use: \_\_\_\_\_

Full names of both parents and legal guardians: \_\_\_\_\_

Person Responsible for Payment: \_\_\_\_\_  
 Telephone Number or Person Responsible for Payment: (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Address (of above person): (street/box) \_\_\_\_\_ (city & state) \_\_\_\_\_ (zip) \_\_\_\_\_  
 Employer (of above person): \_\_\_\_\_

Primary (first) Insurance Company: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Secondary (second) Insurance Company: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

I hereby grant my permission to copy and transfer my medical records in order to determine eligibility for insurance coverage and to promote continuity of excellent health care for myself or the aforementioned person whom I represent. I understand that my permission may be revoked at any time upon my written and signed request.

~~X~~ \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that there are certain health care products and services which my physicians may determine to be standard care, desirable or necessary that Medicare, Medicaid or other third party insurers will not reimburse or approve.

~~X~~ \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that I have a right to decline any or all forms of testing, medication, treatment and surgery before the these treatments are rendered and that I may question my insurer as to the payment benefits which I may expect for myself or the aforementioned person whom I represent. However, I understand that I am personally responsible for immediate payment of reasonable and customary charges for any service not otherwise paid by my insurer. I understand that this payment is due on the date the medical service is rendered.

~~X~~ \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



CC/HPI

How old are you presently? \_\_\_\_\_

Why are you here to see Dr. Watson today? Please do **NOT** write "checkup" or "appointment" or "doctor sent me". Be as **specific** as possible about why you are here. Dr. Watson can help only if he knows upfront, about the **exact** reason that you need care. \_\_\_\_\_

Please complete this sentence: I am worried about ..... \_\_\_\_\_

Referring to the reason that you are here, what part of your body is affected? ....left....right.... \_\_\_\_\_

Referring to the reason that you are here, how severe is the problem? ..... mild.....moderate.....severe..... \_\_\_\_\_

Referring to the reason that you are here, how long has this been going on? \_\_\_\_\_

What makes the problem better? \_\_\_\_\_ What makes it worse? \_\_\_\_\_

How often does the problem happen? .....continuously.....daily.....weekly.....monthly.....yearly..... \_\_\_\_\_

How long does the problem usually last? \_\_\_\_\_

Are there any associated problems? \_\_\_\_\_

Have you had the same or a similar problem previously? \_\_\_\_\_

Have you ever been seen by a urologist for this problem? \_\_\_\_\_ What was the urologist's name? \_\_\_\_\_

What year were you evaluated by the urologist? \_\_\_\_\_ What did the urologist's diagnosis? \_\_\_\_\_

Which treatment worked? \_\_\_\_\_ Which treatment did not work? \_\_\_\_\_

# Review of Systems

Have you had any of the following list of problems lately? Check the appropriate boxes.

- Fever (temperature greater than 100.3 degrees)
- Back pain
- Depression
- Severe anxiety
- Stress in your home life
- Difficulty sleeping
- Blood in the urine that **you** can see
- Blood in the stool or black discolored stool or vomiting blood
- Constipation (hard stool) or **difficulties getting stool to pass**
- Decreased force of the urine stream

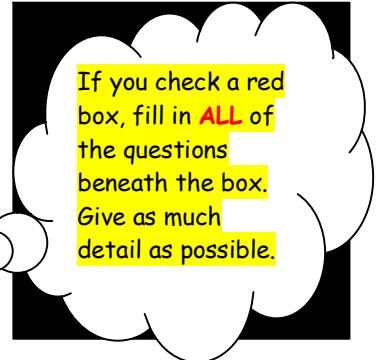
When did this first start? \_\_\_\_\_ Is this getting worse? \_\_\_\_\_ How much does this **bother** you? \_\_\_\_\_

- Feeling of incomplete emptying of the bladder
- Burning while passing urine
- Burning **just after** passing urine
- Sudden severe urge to pass urine, even though you just recently urinated

When did this first start? \_\_\_\_\_ Is this getting worse? \_\_\_\_\_ How much does this **bother** you? \_\_\_\_\_

- Arising from sleep at night to urinate -- **How many times per night?**  
.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10.....11.....12.....

Incontinence or accidental leakage of urine causing you to wet your underwear, clothes, pads, the bed or diapers.  
(If you check this, please answer ALL of the questions within the box below.)



How have you or your parents or other doctors tried to manage this problem in the past? \_\_\_\_\_

Has any treatment worked for you? \_\_\_\_\_

Who is more interested in getting this problem fixed, you or your parents? \_\_\_\_\_

Is this getting worse? \_\_\_\_\_

Have you ever gone six months without leaking/wetting at all? \_\_\_\_\_

If yes, why do you or your parents feel that the problem started again? \_\_\_\_\_

At what age (in years) were you potty trained? \_\_\_\_\_

If leakage occurs at night, how many **nights** per week? .....1.....2.....3.....4.....5.....6.....7.....

If leakage occurs in the day, how many **days** per week? .....1.....2.....3.....4.....5.....6.....7.....

Do you leak urine **continuously**, like a dripping faucet? \_\_\_\_\_

Do you delay urinating for long periods of time, until the "last minute?" \_\_\_\_\_

Do you commonly get a sudden severe **urge** to pass urine? \_\_\_\_\_

Does the **urge** feeling cause you to leak urine (for example -- leaking or wetting on the way to restroom)? \_\_\_\_\_

When did the urge type leakage occur the very first time? \_\_\_\_\_

Do you push on the genital area with your hand or your heel as if to stop the urge to urinate? \_\_\_\_\_

Do you squat down as if to stop the urge to urinate? \_\_\_\_\_

Which physical activities are associated with the leakage?  
.....**cough**.....**sneeze**.....**strain**.....**laugh**.....**exercise**.....**walk**.....**other physical activity**.....

When did the physical activity type leakage occur the very first time? \_\_\_\_\_

On a 1-10 scale, how much does the leakage bother you? (1 indicates little bother and 10 indicates a severe bother) .....1.....2.....3.....4.....5.....6.....7.....8.....9.....10.....

How many incontinence **pads** do you use on an average day? \_\_\_\_\_

How wet do the pads or diapers get? .....a little.....moderately wet.....soaked.....

Which type of leakage is worse for you? .... leakage with **physical activity** (or) leakage with **sudden urge** to urinate

Do you have relatives who have had childhood leakage problems? \_\_\_\_\_

Who has/had this problem? \_\_\_\_\_ At what age did the leakage stop? \_\_\_\_\_

Bladder infections or cystitis  
(If you check this, please answer ALL of the questions within the box below.)

How many **times per year** do you have this problem? .....**less than 4**.....**more than 4**.....

When did you have the **first** infection or cystitis episode? \_\_\_\_\_ When was the **last** time? \_\_\_\_\_

Have you ever been **catheterized**? \_\_\_\_\_ What doctor(s) has treated you for this problem? \_\_\_\_\_

Did the doctor prove your problem was caused by an infection by **growing bacteria** from your urine on a **culture**? \_\_\_\_\_

Have you ever had **fever** as high as 101 degrees with the infections? \_\_\_\_\_

# Surgical History

**Please list any and every surgery that you have ever undergone here.**

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# Medical History

**Please list any and every medical problem and diagnosis which you have been given by a doctor. Include all heart, lung, kidney, high blood pressure, stroke, cancer problems and all other medical problems. Give very detailed information about all urology problems and treatments such as cancer, incontinence, stones, infections and others.**

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# Medications

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**Are you allergic to any medication or allergic to IV contrast/dye?**

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# Family History

Have any of your blood relatives had these or other diseases?

- Childhood enuresis/incontinence/wetting
- Childhood diabetes
- Other childhood diseases

List other family medical problems here.

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# Social History

What city or town do you live in? \_\_\_\_\_

What type of physical activity or exercise do you regularly perform? \_\_\_\_\_

What school do you attend and what do you study? \_\_\_\_\_

Do you **smoke**? \_\_\_\_\_

Do you drink coffee, "cokes" or tea which contain **caffeine**? \_\_\_\_\_ How much? \_\_\_\_\_

Do you drink **alcohol**? \_\_\_\_\_ How much can you/do you drink? \_\_\_\_\_

Do you use or smoke any illegal "street" drugs? \_\_\_\_\_

**STOP HERE -- PLEASE DO NOT WRITE BELOW THIS LINE -- STOP HERE -- PLEASE DO NOT WRITE BELOW THIS LINE -- STOP HERE -- PLEASE DO NOT WRITE BELOW THIS LINE -- STOP HERE -- PLEASE DO NOT WRITE BELOW THIS LINE --**

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MALE (1 -- 3 -- 9+3 -- 9+11 -- 9+11)

- testes: bilaterally descended, normal volume, no gross dissymmetry, no masses, nontender \_\_\_\_\_
- scrotum: normally developed, non-discolored, no crepittance, no lesions, no cysts, no rashes \_\_\_\_\_
- epididymis: bilaterally without gross dissymmetry, normal volume, no masses, no unusual tenderness \_\_\_\_\_
- phallus: normal male, normal meatus, normal sensory, (circ/non-circ), no significant phimosis, no palpable plaque, no masses \_\_\_\_\_
- meatus: normal size and location, no lesions, no discharge \_\_\_\_\_
- perineum: no masses, nontender, normal anus \_\_\_\_\_
- prostate: nonnodular, nontender, symmetric, nonfluctuant, approximately \_\_\_\_\_ grams \_\_\_\_\_
- rectum: no masses, nontender, normal sphincter tone, no significant hemorrhoids, non-bloody stool \_\_\_\_\_

GENERAL

- GEN: well-developed, well nourished, no acute distress, no gross bodily deformities, respiratory rate normal, pulse rate normal and regular, temperature normal \_\_\_\_\_
- GI: abdomen without masses, nondistended, nontender, no organomegaly, no hernia \_\_\_\_\_
- HEENT: normocephalic \_\_\_\_\_
- neck: normal appearing, supple, no increased jugular venous distention, no thyroid masses, no masses \_\_\_\_\_
- lungs: CTA bilaterally, no WRR, normal respiratory excursions \_\_\_\_\_
- cardiovascular: RRR, no MRG, radial and popliteal pulses three plus bilaterally, no significant pretibial nor presacral edema \_\_\_\_\_
- chest: normal, no masses, nontender \_\_\_\_\_
- lymph: no adenopathy of the neck, axilla, growing or other location \_\_\_\_\_
- musculoskeletal: no orthopedic abnormalities, no midline defects, no edema, no CVA tenderness \_\_\_\_\_
- extremities: no clubbing, cyanosis nor edema, no orthopedic abnormalities \_\_\_\_\_
- psychiatric: oriented to PPTS, normal thought content, no suicidal ideation, mood appropriate for situation \_\_\_\_\_

FEMALE (1 -- 6 -- 7+3 -- 7+11 -- 7+11)

- external genitalia: normal appearing, normal hair distribution for age, no visible lesions \_\_\_\_\_
- meatus: normal size and location, no lesions, no discharge, no prolapse \_\_\_\_\_
- rectum: no masses, nontender, no significant hemorrhoids, normal sphincter tone, non-bloody stool \_\_\_\_\_
- perineum: no masses, nontender, normal anus, no significant movement of perineal body with straining \_\_\_\_\_

ASSESSMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLAN/RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- The patient/parent(s)/guardian(s) read and signed CONSENT form(s) for the procedure(s) performed or proposed as outlined above or dictated. ALL questions were answered to the satisfaction of all parties present, prior to proceeding with the procedure(s).
- The above described or dictated COUNSELING session and visit lasted for \_\_\_\_\_ minutes and the majority of this time was spent counseling.
- All images regarding the RADIOGRAPHIC STUDIES described herein and dictated were comprehensively reviewed for urology specific reasons for evaluation and treatment including possible surgical planning. A separate report of these findings is dictated.
- The RISKS, potential BENEFITS and all OPTIONS (including the options for no treatment) for the procedure(s) performed or proposed as outlined above or dictated, were discussed with the patient/parent(s)/guardian(s) in detail to the satisfaction of all parties present. There are no exceptions except as written here: \_\_\_\_\_
- The absolute requirement for close and careful medical and urological FOLLOW-UP (for lifelong basis in the case of known or suspected cancer/tumor, stone, neurologic disease and other chronic conditions) was emphasized and the patient's/parent(s)/guardian(s)' responsibility for such was defined clearly in understandable layman's terms. The risks of failure to do so were described and emphasized.
- The EVALUATION and TREATMENT PLANS were discussed with the patient/parent(s)/guardian(s) in understandable layman's terms and all parties present expressed their understanding, agreement, responsibility and request to proceed as outlined above or dictated. Exceptions are none, unless written here: \_\_\_\_\_

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H. Stephen Watson, M.D.