

First Visit with a Urogynecologist

Helpful Tips to Prepare You for Your First Visit

It pays to be prepared for every doctor's visit. The more your doctor knows about your past medical and surgical history, your daily medications and how all of the organs of your pelvis are working, the better they can diagnose and develop a customized treatment plan for your bothersome symptoms. Many offices may ask you to complete forms before your visit. This checklist is designed to help you get organized and optimize your consultation with a specialist in pelvic floor disorders.

Questions to Consider

1. Pain or pressure in the vagina yes no
2. Pain with intercourse yes no
3. Prolapse/bulge in or through the opening of the vagina yes no
4. Pain with urination yes no
5. Bladder control problems such as:
 - Starting the stream of urine
 - Emptying your bladder completely
 - Dribbling urine
 - Frequent urination
 - Leaking urine with exertional activities (laughing, sneezing, climbing stairs, exercising)
 - Leaking urine on the way to the bathroom on time, with a sudden strong urge
6. How often do you awaken to urinate at night? _____
7. Do you ever wet the bed? yes no
8. Do you have problems passing or controlling a bowel movement?
 - Constipation, need to strain to pass stool
 - Need to support back wall of vagina to pass stool that is trapped in a pocket/bulge
 - Do you leak bowel gas, mucus, liquid stool or solid stool
9. What type of protective pads do you use for your bladder or bowel control problem?
 - Pantiliner
 - Sanitary pads
 - Incontinence pads
 - Disposable briefsHow many per day? _____
10. How long have you had these symptoms? _____ weeks _____ months _____ years
11. How often do you experience these symptoms?
 - daily
 - few times a week
 - occasionally

12. What are your goals for this consultation? _____

13. What do you hope to be able to do after treatment that you are having difficulty doing now? _____

Medical Records and Documentation

Maintain a personal health folder and bring this folder with you.

- Medical Records:**
- Imaging studies: X-ray, CT, MRI reports
 - Operative reports
 - Consultation reports from other specialists related to your heart, lungs, bowels, bladder and reproductive organs.
 - A current list of medications, nutritional supplements
 - A current list of drug and food allergies. Include the type of reaction that the drug caused.

Ob/Gyn History Summary

- 1. How many times have you been pregnant? _____
- 2. How many children did you deliver? _____
- 3. Of these how many were delivered: _____ Vaginally _____ By C-Section
- 4. How big was your biggest baby? _____
- 5. Did you have any problems with any of your deliveries? Please describe: _____

6. Have you experienced menopause? Yes No

7. What other surgeries have you had?
- Hysterectomy Back surgery
 - Urinary Incontinence (leakage) repair Repair of broken down episiotomy
 - Prolapse or vaginal lift/bladder lift procedure Bowel surgery



8. List any previous treatment for your symptoms: _____

Contact Information (phone and fax)

Primary care provider _____

Cardiologist _____

Gynecologist _____

Other important specialists who care for your active medical conditions

