McLaren Business Products

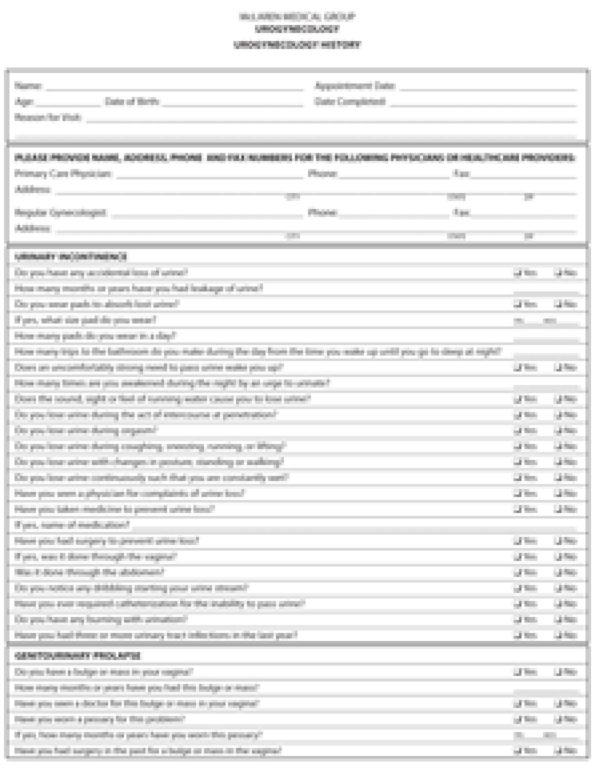
McLaren Print System Order

Order No: 69995 Reprint Previous Order No: 20675
Order Date: 2022-05-23
User: brandy wakefield
Phone: 5862864880

Ship Location: McLaren Macomb Womens Health
37400 Garfield ste 200
Clinton Twp, mi 48036
Forms
Quantity: 500
Paragon Dept No: 52051
Dept Name: Mclaren Macomb Womens Health
Company Number: 810

Order Total Price: 0.00

Item Number: MM-190
Item Description: Urogynecology History Form
Revision Date: 3/2019
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:



MCLAREN MEDICAL GROUP
UROGYNECOLOGY
UROGYNECOLOGY HISTORY

Name: ______ Appointment Date: ______
Age: ______ Date of Birth: ______ Date Completed: ______
Reason for Visit: ______

PLEASE PROVIDE NAME, ADDRESS, PHONE AND FAX NUMBERS FOR THE FOLLOWING PHYSICIANS OR HEALTHCARE PROVIDERS:
Primary Care Physician: ______ Phone: ______ Fax: ______
Address: ______ City ______ State ______ Zip ______
Regular Gynecologist: ______ Phone: ______ Fax: ______
Address: ______ City ______ State ______ Zip ______

URINARY INCONTINENCE

Do you have any accidental loss of urine?	❑ Yes	❑ No
How many months or years have you had leakage of urine?		
Do you wear pads to absorb lost urine?	❑ Yes	❑ No
If yes, what size pad do you wear?		
How many pads do you wear in a day?		
How many trips to the bathroom do you make during the day from the time you wake up until you go to sleep at night?		
Does an uncomfortably strong need to pass urine wake you up?	❑ Yes	❑ No
How many times are you awakened during the night by an urge to urinate?		
Does the sound, sight or feel of running water cause you to lose urine?	❑ Yes	❑ No
Do you lose urine during the act of intercourse at penetration?	❑ Yes	❑ No
Do you lose urine during orgasm?	❑ Yes	❑ No
Do you lose urine during coughing, sneezing, running or lifting?	❑ Yes	❑ No
Do you lose urine with changes in posture, standing or walking?	❑ Yes	❑ No
Do you lose urine continuously such that you are constantly wet?	❑ Yes	❑ No
Have you seen a physician for complaints of urine loss?	❑ Yes	❑ No
Have you taken medicine to prevent urine loss?	❑ Yes	❑ No
If yes, name of medication?		
Have you had surgery to prevent urine loss?	❑ Yes	❑ No
If yes, was it done through the vagina?	❑ Yes	❑ No
Was it done through the abdomen?	❑ Yes	❑ No
Do you notice any dribbling starting your urine stream?	❑ Yes	❑ No
Have you ever required catheterization for the inability to pass urine?	❑ Yes	❑ No
Do you have any burning with urination?	❑ Yes	❑ No
Have you had three or more urinary tract infections in the last year?	❑ Yes	❑ No

GENITOURINARY PROLAPSE

Do you have a bulge or mass in your vagina?	❑ Yes	❑ No
How many months or years have you had this bulge or mass?		
Have you seen a doctor for this bulge or mass in your vagina?	❑ Yes	❑ No
Have you worn a pessary for this problem?	❑ Yes	❑ No
If yes, how many months or years have you worn this pessary?		
Have you had surgery in the past for a bulge or mass in the vagina?	❑ Yes	❑ No

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