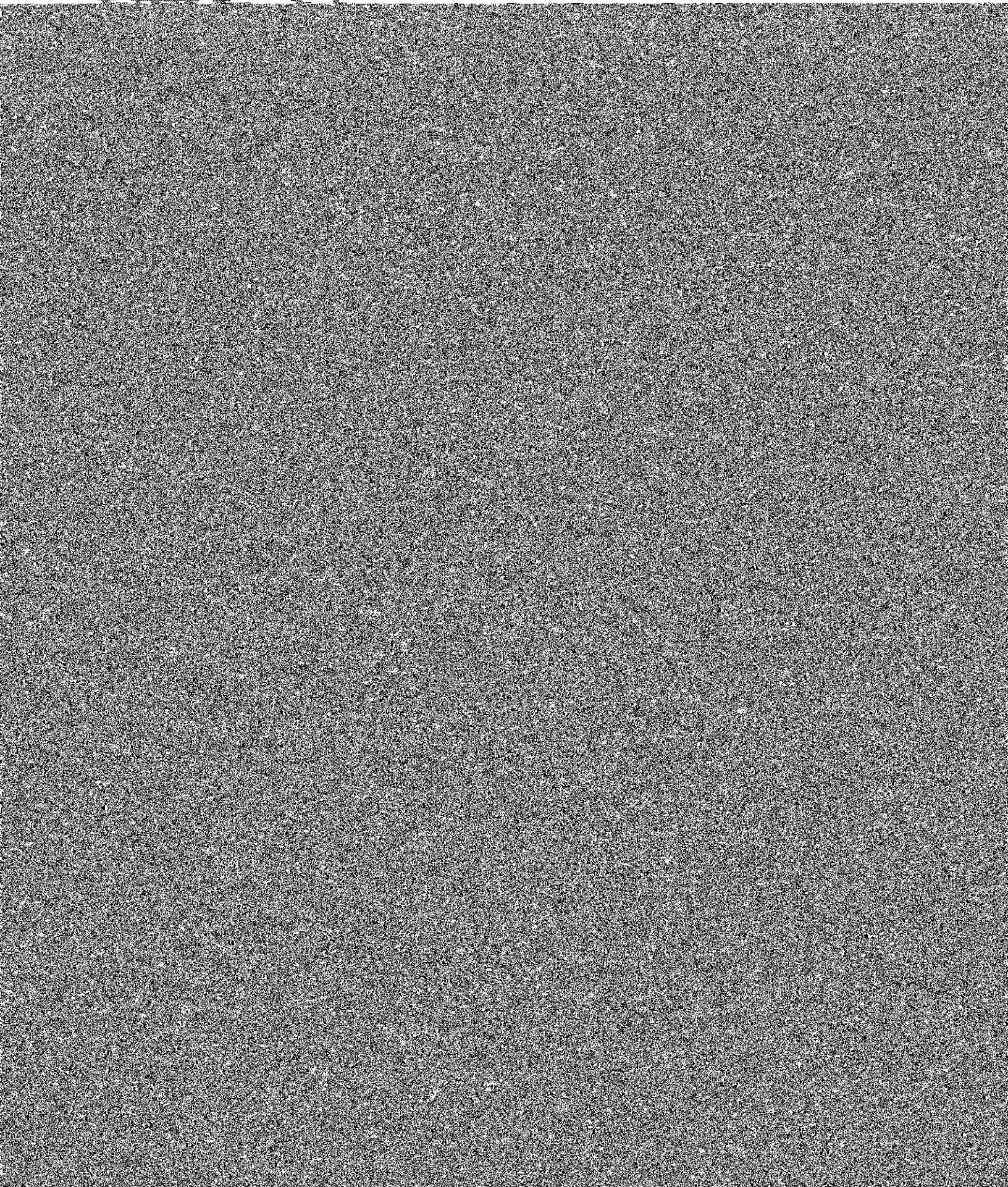


Name:



Urogynecologic Symptoms:

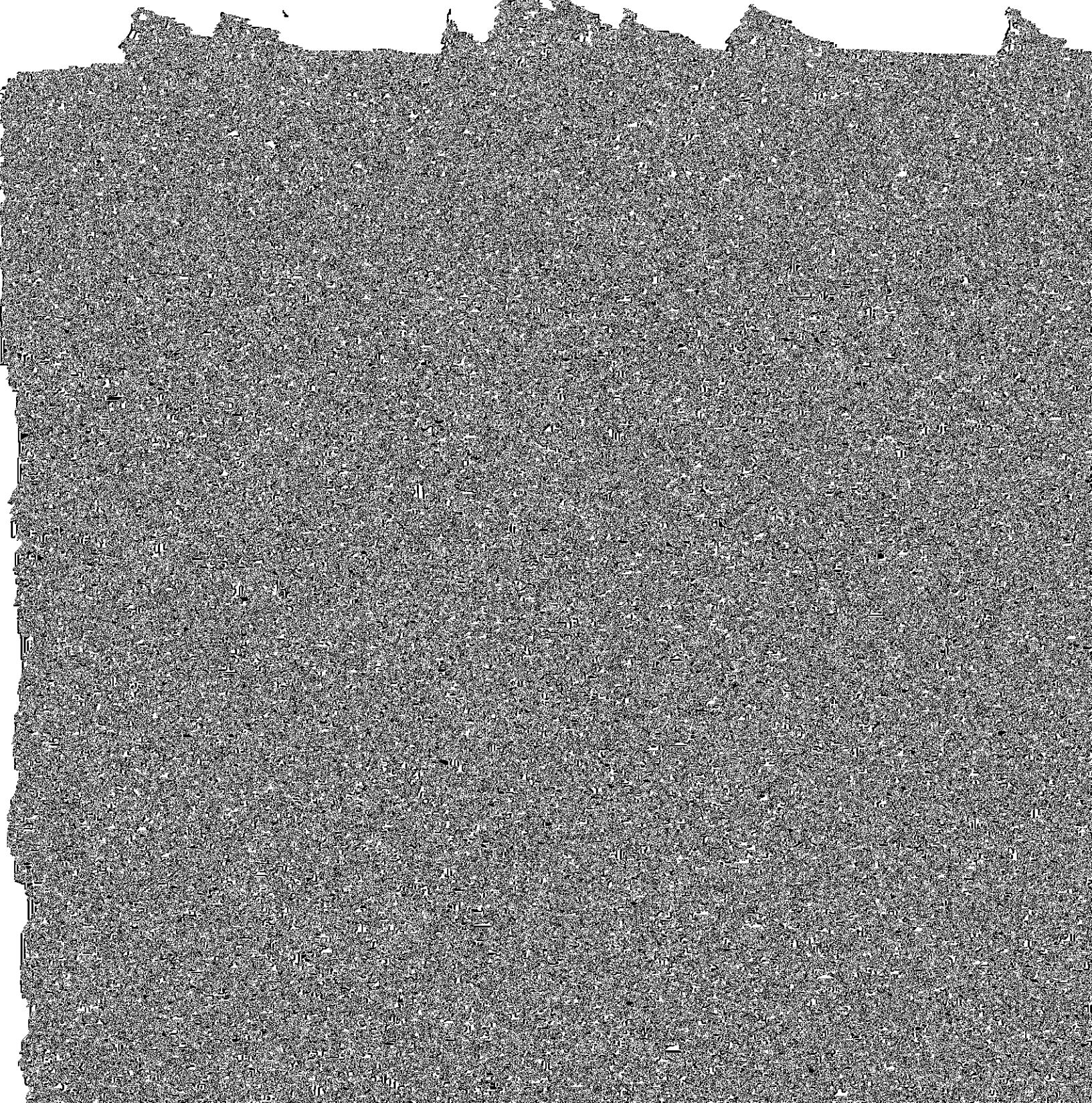
1) Do you feel like you have a bulge or a ball coming out of your vagina? Yes No

2) How often do you go to the bathroom to empty your bladder (pee) on an average day?

1-3 4-6 8-10 10-12 12-14 Other: _____

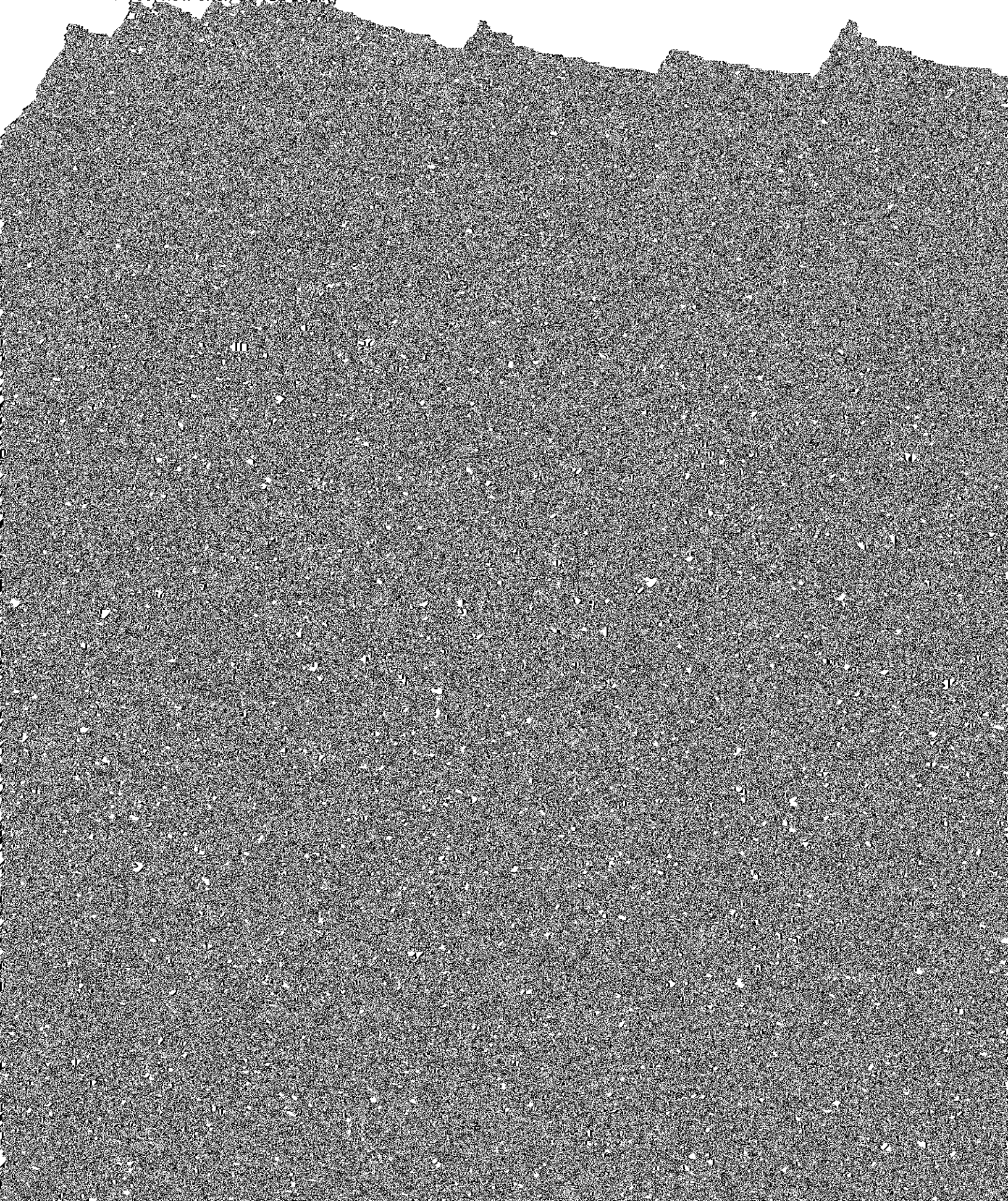
3) How often does the need to empty your bladder (pee) wake you up on an average night?

0 1-2 2-3 3-4 4-5 Other: _____

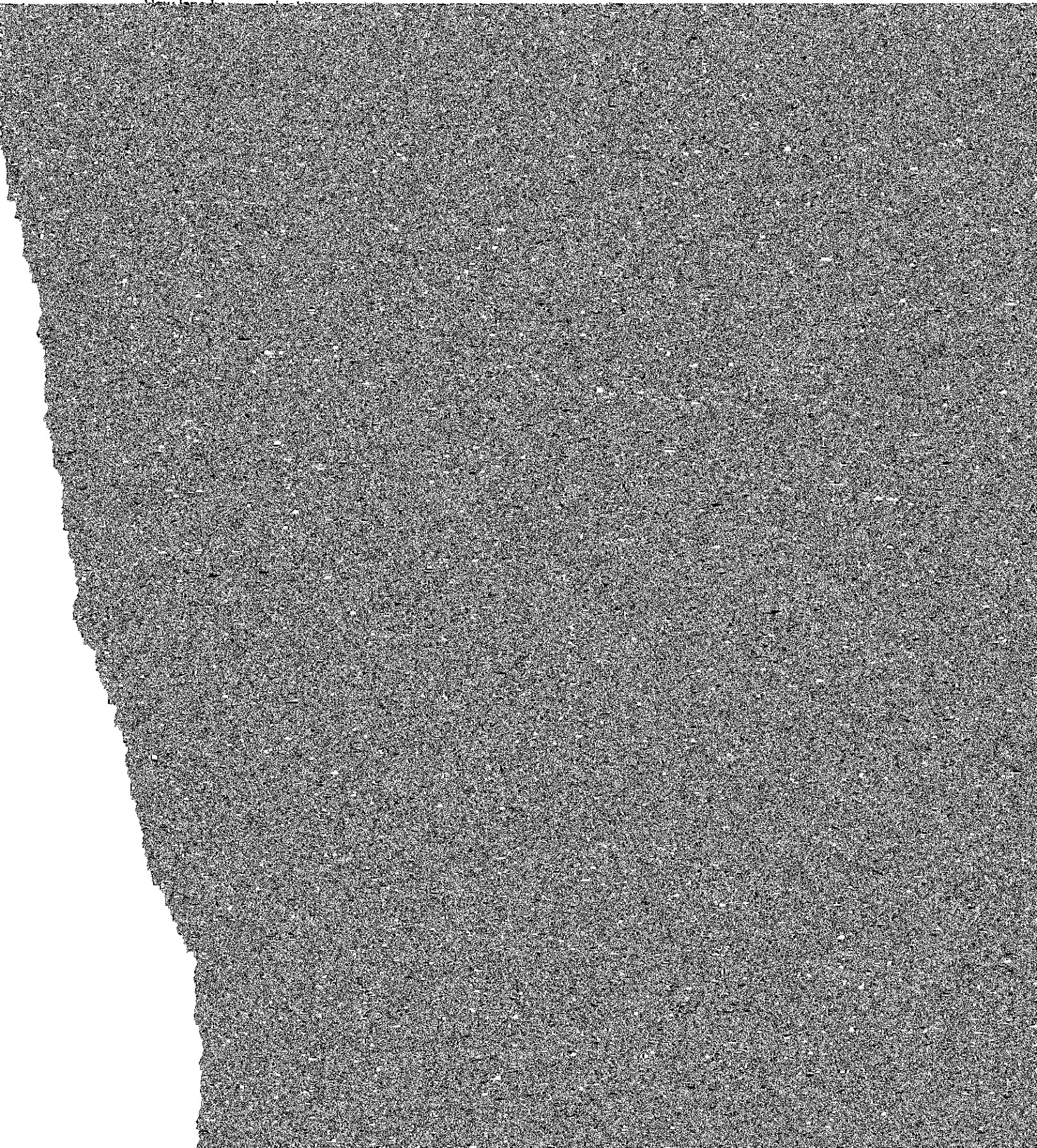


17) Do you have to strain for a bowel movement? Yes No

If yes, how often do you strain?



Reason for visit:



Surgical History: Please check all that apply to you

Date

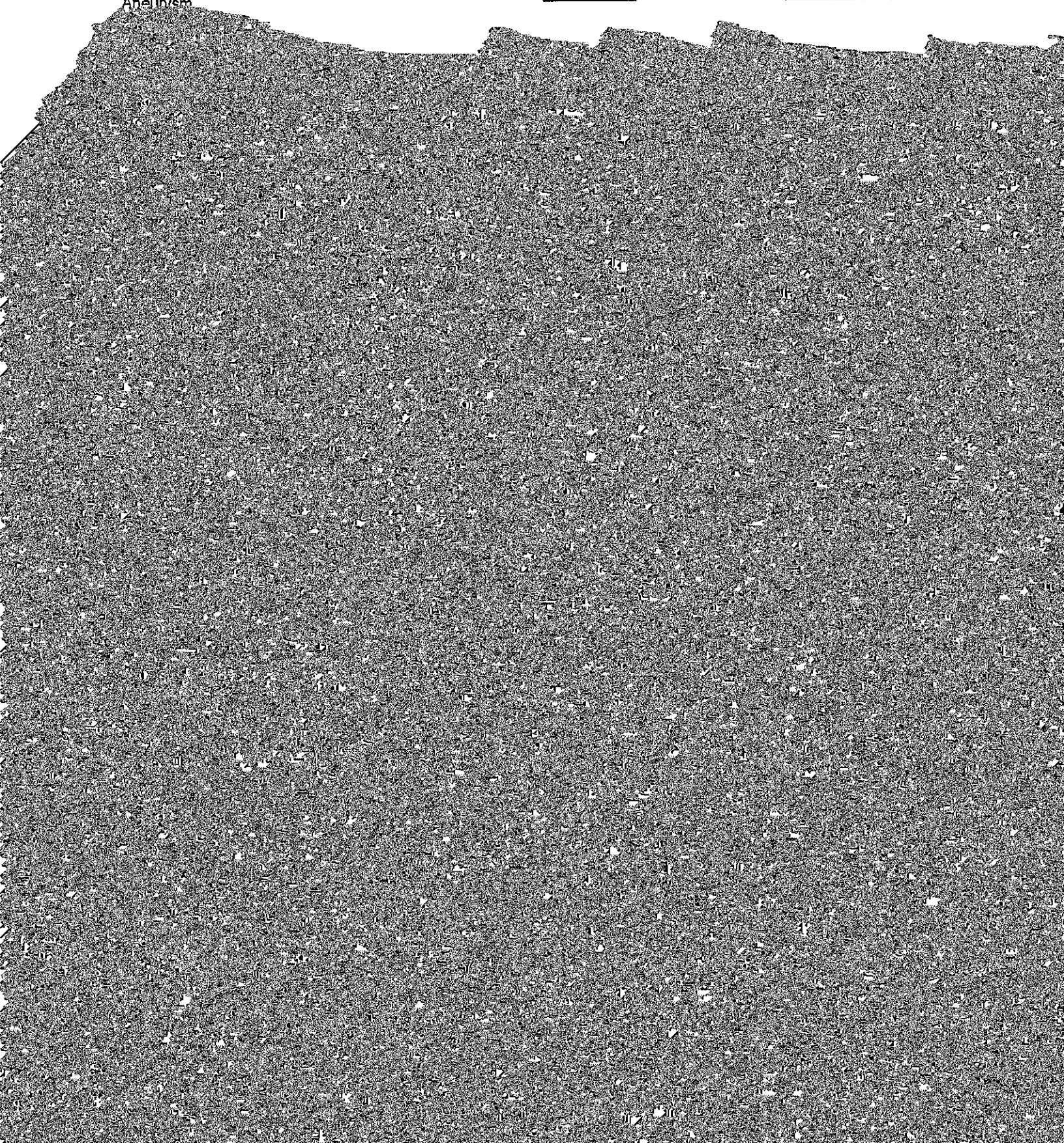
Date

Date

Abdominal Aortic
Aneurysm _____

Cesarean Section _____

Knee Surgery _____



Any personal History of: Check all that apply

Gunshot wound Fire Injury Illness Mental Leading