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WHICH SECTION DO I COMPLETE?

Section 1.-ALL PATIENTS
 Section 2.-Males 40yrs or older

ALL PATIENTS Must complete questions 1-10.

1. Patient Name: _____
2. Family Doctor: _____
3. What are we treating you for today? _____
4. Have you had any FEVER / CHILLS? ____ yes ____ no *if yes: (when, how long)*

5. Have you had any BURNING / BLOOD in your urine? ____ yes ____ no
If yes: (when, how long did it last) _____
6. Have you been seen at the ER or by another physician for urologic care since your last visit (if yes, when, where, for what)? _____
7. What questions would you like to be specifically answered if seeing the physician today? _____

8. If a prescription is written, please list your top two pharmacies of choice
A. _____ B. _____
9. Please list any new meds since your last visit _____

10. Please list any urology meds that you need refilled today. _____

THIS SECTION FOR MALES (40 Yrs. OR OLDER) answer 1-7 Circle one number in each line

	never	less than 1 time in 5	less than half the time	about half the time	more than half the time	almost always
1. Incomplete Emptying: Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
2. Frequency: Over the past month or so, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
3. Intermittency: Over the past month or so, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
4. Urge to Urinate: Over the past month or so, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
5. Weak Stream: Over the past month or so, how often have you had a weak urinary stream?	0	1	2	3	4	5
6. Straining: Over the past month or so, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
7. Urinating at night: In the last month, how many times a night, did you typically get up to urinate from the time you went to bed until the time you got up in the morning?	None	1 time	2 times	3 times	4 times	5 times