

ADVANCED PELVIC SURGERY L.L.C.  
Dr. R. Gregory Owens  
7162 Liberty Centre Drive Suite B  
West Chester, Ohio 45069

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## WHAT TO EXPECT

On your first visit with Dr. Owens you will discuss your history with Dr. Owens. Please bring the forms mailed to you **filled out** with specific information regarding medications and dosages, previous surgeries, allergies, and other medical problems. A vaginal exam, similar to what you have at your gynecologist's office, will be conducted. This exam is important to identify structural problems with the vaginal wall, urethra, bladder, and uterus. Each phase of the examination procedure will be explained.

**Please do not hesitate to ask questions.**

If needed, a second visit will be scheduled for urodynamic testing. Urodynamic testing is a set of diagnostic procedures designed to evaluate lower urinary tract and pelvic floor function. The lower urinary tract includes the bladder and urethra and works in concert with your pelvic floor muscles. The bladder and urethra operate as a single unit, but have different functions. To store urine, the bladder relaxes while the urethra and pelvic floor muscles contract to help hold the urine in the bladder. To empty urine, the bladder contracts and the urethra and pelvic floor muscles relax. A small catheter will be introduced into your bladder to obtain a measurement of the urine left in your bladder after you have emptied. Next, very small catheters will be placed into the bladder and vagina. These catheters are attached to the urodynamic computer, and give information regarding bladder volumes, pressures, etc. As your bladder is being filled with sterile water, you will be asked to identify the first sensation in your bladder, the point you would normally go to the bath room, and the maximum amount you can hold in your bladder. The filling of your bladder will stop at various intervals to have you cough and bear down to stimulate conditions that would cause you to leak urine during a normal day. After this is completed, you will be asked to empty your bladder in privacy.

After the procedure is completed, Dr. Owens will discuss the results with you and formulate a plan of care that meets your needs. Please notify the office before your appointment if you are currently being treated for a bladder infection, or have any other infections diagnosed in the vaginal or urinary tract area. Please do not hesitate to call the office at **513-942-7640** with any questions.

**PATIENT REGISTRATION**

**PATIENT INFORMATION:**

NAME: \_\_\_\_\_

SS#: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SEX: M F                      MARTIAL STATUS: \_\_\_\_\_ DRIVERS LICENSE# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, & ZIP; \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**RESPONSIBLE PARTY (IF OTHER THAN PATIENT)**

NAME: \_\_\_\_\_

SS#: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SEX: M F                      MARTIAL STATUS: \_\_\_\_\_ DRIVERS LICENSE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, & ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

**INSURANCE COVERAGE:**

PRIMARY CARRIER: \_\_\_\_\_

SUBSCRIBER NAME: \_\_\_\_\_ EFT DATE: \_\_\_\_\_

ID# \_\_\_\_\_ GROUP# \_\_\_\_\_ CO PAY: \_\_\_\_\_

CLAIMS ADDRESS: \_\_\_\_\_

I authorize the release of any medical or other information necessary to process the claim. I also request payment of government benefits either to myself or to the other party who accepts assignment. I authorize payment of medical benefits to the physician for all services rendered. I understand and agree that regardless of my insurance status, I am responsible for the balance of my account for services rendered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**New Patient Consult HPI (PLEASE PRINT)**

Date of visit \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Referring Doctor \_\_\_\_\_ Primary Doctor \_\_\_\_\_

What is the main reason for your visit? \_\_\_\_\_

How long have you had the problem? \_\_\_\_\_

What makes it better or worse? \_\_\_\_\_

Please list all your bladder, bowel or GYN surgeries \_\_\_\_\_

Do you have urine loss with coughing or activity? [Yes] [No] With the urge to void? [Yes] [No] Do you have urinary urgency without leaking? [Yes] [No]

How many times a day? \_\_\_\_\_ Do you need pads? [Yes] [No] How many a day? \_\_\_\_\_

Do you have problems starting your urine stream? [Yes] [No] Slow stream? [Yes] [No] Emptying your bladder [Yes] [No] Dribbling? [Yes] [No]

How long can you go between urinations during the day? \_\_\_\_\_ How many times do you void at night? \_\_\_\_\_ Do you wet the bed? [Yes] [No]

When was your last urinary tract infection? \_\_\_\_\_ Have you ever had kidney stones or blood in your urine? [Yes] [No] If so, what was done to treat it? \_\_\_\_\_

How often do you move your bowels? \_\_\_\_\_ Do you have trouble moving your bowels? [Yes] [No] If so what is the trouble? \_\_\_\_\_

Do you have problems controlling gas? [Yes] [No] Liquid Stool? [Yes] [No] Solid stool? [Yes] [No] If so, how often do you have accidents? \_\_\_\_\_ Do you need pads for stool incontinence? [Yes] [No]

Do you feel like your bladder, uterus or rectum has fallen? [Yes] [No] Does this affect intercourse? [Yes] [No] Is there tissue at or outside the vaginal opening? [Yes] [No]

How many Pregnancies? \_\_\_\_\_ How many children? \_\_\_\_\_ How many vaginal deliveries? \_\_\_\_\_ How many C-Sections? \_\_\_\_\_ What difficulties did you have with labor and delivery? \_\_\_\_\_

When was you last period? \_\_\_\_\_ What birth control do you use? \_\_\_\_\_

**PREVENTIVE HEALTH MAINTENANCE:**

When was your last? PAP/Annual \_\_\_\_\_ Normal/Abnormal Dexa Scan \_\_\_\_\_ Normal/Abnormal  
Mammogram \_\_\_\_\_ Normal/Abnormal Colonoscopy \_\_\_\_\_ Normal/Abnormal

Any Abnormal results/ Treatment Plans? \_\_\_\_\_

New Patient Consult

Date of visit \_\_\_\_\_

DRUG ALLERGY

REACTION

DRUG ALLERGY	REACTION

**Medical**

**Problems** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Surgeries/Year Performed** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Serious medical problems in your family** \_\_\_\_\_  
\_\_\_\_\_

**Social History**

Have you ever smoked? \_\_\_\_\_ How long? \_\_\_\_\_ Do you smoke currently \_\_\_\_\_ Packs/day \_\_\_\_\_  
How often and how much do you drink? \_\_\_\_\_  
Marital status? \_\_\_\_\_  
Are you sexually active? \_\_\_\_\_ Any problems? \_\_\_\_\_  
What is your occupation? \_\_\_\_\_  
Are you depressed or do you have a history of depression? \_\_\_\_\_

**Pharmacy:**

NAME \_\_\_\_\_ STREET/CITY/CTATE/ZIP CODE \_\_\_\_\_

PHARMACY PHONE NUMBER \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_



## REVIEW OF SYSTEMS

Have you had any problems related to the following in the past **6 months?**

Circle **Yes** or **No**:

### General:

Fever	Y	N
Weight change	Y	N
Tire Easily	Y	N

### Eyes:

Change in vision	Y	N
Cataracts	Y	N
Glaucoma	Y	N

### Ears, Nose, Throat:

Sores	Y	N
Discharge	Y	N
Pain	Y	N

### Respiratory:

Chronic Cough	Y	N
Asthma	Y	N
COPD	Y	N

### Cardiovascular:

Shortness of breath	Y	N
Chest Pain	Y	N

### Gastrointestinal:

Nausea/vomiting	Y	N
Reflux	Y	N
Diarrhea	Y	N
Bloody Stool	Y	N

### Skin/Breast:

Breast Lumps	Y	N
Skin Rash	Y	N

### Musculoskeletal:

Weakness	Y	N
Limited range of motion	Y	N
Joint Pain	Y	N

### Neurological:

Seizures	Y	N
Burning or shooting pain	Y	N
Numbness	Y	N

### Hematological:

Easy bruising	Y	N
Bleeding	Y	N
Swollen Glands	Y	N

### Endocrine:

Thyroid problems	Y	N
Diabetes	Y	N

### Psychiatric:

Depression	Y	N
Anxiety	Y	N

Please list details associated with any of the above \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Quality of Life**

**Date of visit** \_\_\_\_\_

<b>Has urine leakage and or prolapse affected your:</b>	<b>None</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Greatly</b>
Ability to do household chores?	0	1	2	3
Physical recreation such as walking?	0	1	2	3
Swimming or exercise?	0	1	2	3
Entertainment activities (movies, concerts, etc.)?	0	1	2	3
Ability to travel by car or bus more than 30 minutes?	0	1	2	3
Participation in social activities outside the home?	0	1	2	3
Emotional health (nervousness, depression, etc)?	0	1	2	3
Feeling frustrated?	0	1	2	3

**Do you experience, and, if so, how much are you bothered by:**

Frequent urination?	0	1	2	3
Urine leakage related to the feeling of urgency?	0	1	2	3
Urine leakage related to physical activity, coughing, or sneezing?	0	1	2	3
Small amounts of urine leakage (drops)?	0	1	2	3
Difficulty emptying your bladder?	0	1	2	3
Pain or discomfort in the lower abdomen or genital area?	0	1	2	3

Name \_\_\_\_\_

Date \_\_\_\_\_

# Your Daily Bladder Diary

This diary will help you and your health care team figure out the causes of your bladder control trouble. The "sample" line shows you how to use the diary.

Time	Drinks		Trips to the Bathroom		Accidental Leaks			Did you feel a strong urge to go?		What were you doing at the time? Sneezing, lifting, arriving home, sleeping, etc.
	What kind?	How much? oz. mL cups	How many times?	How much urine?	How much urine?			Yes	No	
Sample	Juice	8 ounces	✓✓	<input checked="" type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input checked="" type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input checked="" type="radio"/> Yes <input type="radio"/> No			Running	
6-7 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
7-8 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
8-9 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
9-10 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
10-11 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
11-12 noon				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
12-1 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
1-2 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
2-3 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
3-4 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
4-5 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
5-6 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
6-7 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
7-8 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
8-9 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
9-10 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
10-11 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
11-12 mid.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
12-1 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
1-2 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
2-3 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
3-4 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
4-5 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				
5-6 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> Yes <input type="radio"/> No				

Use this sheet as a master for making copies that you can use as a bladder diary for as many days as you need.

I used \_\_\_\_\_ pads today. I used \_\_\_\_\_ diapers today (write number).

Questions to ask my health care team: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**ADVANCED PELVIC SURGERY, LLC**  
**R. Gregory Owens, M.D.**

**7162 Liberty Centre Dr.**  
**West Chester, OH 45069**  
**Phone: 513/942-7640**  
**FAX: 513/755-4736**

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- ❖ **CONSENT TO TREATMENT/TESTING:** I hereby consent to the administration of treatment and testing as is considered therapeutically necessary for my condition.
  
- ❖ **RELEASE OF RECORDS:** I authorize the release of medical record information (including, but not limited to information concerning drug related conditions, alcoholism, psychiatric conditions, HIV testing, AIDS diagnosis/related conditions) to insurance carriers, third-party payers or to their representatives, review organizations, or surveyors for accreditation, regulatory and/or licensing purposes, as necessary to determine benefits entitlement and to process payment claims for healthcare services provided. This authorization shall be valid only for the period of time necessary to process payment claims.

In consideration of admission and all facility services, the undersigned agrees to the following:

- ❖ **ASSIGNMENT OF BENEFITS:** I hereby authorize payment directly to Advanced Pelvic Surgery, LLC of all insurance benefits, otherwise payable to me.
  
- ❖ **GUARANTEE OF ACCOUNT:** I unconditionally guarantee the payment in full to the facility of the total amount due them for said admission and/or facility services. I understand that I am financially responsible to the facility and/or physician for the charges not covered by the above assignment. I am also responsible for charges even if determined by my employer or insurance company to be unnecessary in their judgement.
  
- ❖ **I have read and do understand this form.**

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness

# WAIVER OF FINANCIAL RESPONSIBILITY

ADVANCED PELVIC SURGERY, LLC  
R. GREGORY OWENS, M.D. F.A.C.O.G.

PATIENT NAME: \_\_\_\_\_

PHYSICIAN NAME: R. Gregory Owens, M.D.

DATE OF SERVICE: \_\_\_\_\_

**I UNDERSTAND AND AGREE THAT I AM FINANCIALLY RESPONSIBLE FOR SERVICES IN THE EVENT THAT MY INSURER DOES NOT COVER EXPENSES. IF YOU HAVE A DEDUCTIBLE AND IT HAS NOT BEEN MET, PAYMENT FOR SURGERY OR PROCEDURES IN THE OFFICE WILL HAVE TO BE PAID BEFORE SERVICES ARE RENDERED. AN INTEREST CHARGE OF 1 ½ % PER MONTH WILL BE ASSESSED FOR ANY OUTSTANDING PATIENT BALANCE AFTER THE FIRST STATEMENT IS SENT.**

***TO ASSIST YOU WITH YOUR MEDICAL CARE, WE PROVIDE THE FOLLOWING PAYMENT OPTIONS:***

- 1. CASH – INCLUDES PERSONAL CHECKS**
- 2. VISA, MASTERCARD, DISCOVER, DINERS CLUB, JBC, AMEX**
- 3. CareCredit – Patient payment plans that allow you to pay over time with convenient low minimum payments. With CareCredit, you enjoy these benefits:**
  - **Flexible Financing options**
  - **No annual fees or prepayment penalties**
  - **Quick and easy application**
  - **Receive a credit decision almost immediately**
  - **Start your recommended treatment immediately**

SIGNATURE: \_\_\_\_\_

RELATIONSHIP IF OTHER THAN PATIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

**CONSENT TO DISCUSS**

I, \_\_\_\_\_ give my consent to Advanced Pelvic Surgery  
to discuss my medical condition with \_\_\_\_\_  
**Family Member or Friend**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date