

NorthShore University HealthSystem
Urogynecology & Center for Pelvic Health
Phone: (224) 251-2374 Fax: (847) 933-3571

Skokie ACC

9650 Gross Point Road
Third Floor
Skokie, IL 60076

Vernon Specialty Suites

225 N. Milwaukee Ave
Specialty Suites
Vernon Hills, IL 60061

Gurnee Medical Office

15 Tower Court
Suite 300
Gurnee, IL 60031

Highland ACC

757 Park Avenue West
Suite 3870
Highland Park, IL 60035

Glenbrook Surgical Specialty Suites

2050 Pfingsten Road
Suite 128
Glenbrook, IL 60025

Time:

Date:

Dr. Roger Goldberg

Dr. Peter Sand

Dr. Sylvia Botros

Dr. Janet Tomezsko

Dr. Adam Gafni-Kane

Before You Arrive

- Prior to your appointment please call **Pre-Registration at (847) 663-8600 to verify your insurance**
- Please complete the enclosed forms to help us provide you with the best possible care.
It is important that you BRING THESE COMPLETED forms with you on your first visit.
- Please arrive 15 minutes PRIOR to your appointment to complete additional paperwork

Included in this Packet are the Following Questionnaires:

- **Medical History Questionnaire**
- **Pelvic Floor Questionnaire & Sexual Function Questionnaire**

Please Keep in Mind

- **Come to your first visit with a Partially Full Bladder:** Let the receptionists know if you are uncomfortable on arrival.
- **Initial Examination:** A urogynecologic exam is usually performed on the first visit. If indicated other bladder testing may also be performed (e.g. urine culture, post-void residual).
- **Canceling or Rescheduling:** In the event you need to cancel or reschedule your appointment, please call (224) 251-2374 (CFPH), as soon as possible.
- **Late Arrival:** In the event you may be late, please call (224) 251-2374 (CFPH) and let the office know. We cannot guarantee your visit if you arrive more than 15 minutes late.
- **Billing Policy:** All billing is handled by the Professional Business Office at NorthShore University HealthSystem. If your insurer requires a co-payment, you will be required to pay this at the time of service. For billing or insurance questions, please contact the billing office: (847) 570-5000
- **NorthShore Connect:** Allows for convenient and efficient e-mail communication between you and the nurses and doctors at our office, and also provides you with computer access to test results and other information. If you're not already enrolled in NorthShore Connect, please ask the receptionist for login instructions.

About Our Center

Over the past few decades, our center has established itself as an internationally recognized center of excellence in Urogynecology and Female Pelvic Medicine and Reconstructive Surgery – a specialty devoted to female bladder, bowel and pelvic floor conditions. Our highest priority is to provide you with the most advanced care, in a comfortable and efficient way. Our commitment to research and innovation allows our patients access to the ‘cutting edge’ of our field, including the latest medications in development and the most recent surgical innovations. We welcome your comments and feedback, as we strive to provide the very best care for these female conditions.

We are also a nationally recognized fellowship training center, and our fellows will often be an integral part of your care as they assist the attending physicians. Each of our 3 fellows are fully trained Gynecologists, who spend an additional 3 years at our program to achieve subspecialization in Urogynecology. The fellows usually will see you along with the attending physician at your first office visit, and often for follow-up visits and office testing.

Our Urogynecologists

Sylvia Botros, MD – Dr. Botros is Clinical Assistant Professor of Ob/Gyn, and Director of the Urogynecology Fellowship Program. She received her M.D. from The University of Texas Health Science Center and residency in Ob/Gyn at the Lyndon B Johnson Hospital, and a Masters in Clinical Investigation from Northwestern School of Public Health. She completed her fellowship in Urogynecology and Pelvic Reconstructive Surgery at Northwestern University, during which she has authored several scientific publications.

Adam Gafni- Kane, MD – Dr. Adam Gafni-Kane joined NorthShore after completing fellowship in Female Pelvic Medicine and Reconstructive Surgery at NorthShore / University of Chicago. He earned his medical degree from Yale University, and he completed his residency training in Ob/Gyn at Yale-New Haven Hospital. Dr. Gafni-Kane has published several articles and supervises several research trials within the division.

Roger Goldberg, MD MPH - Dr. Goldberg is Director of Division of Urogynecology at NorthShore University HealthSystem, and Clinical Associate Professor of Ob/Gyn at the University of Chicago, Pritzker School of Medicine. Dr. Goldberg completed his B.A. at Cornell University and attended Northwestern University Medical School. He received his Masters in Public Health at Johns Hopkins prior to his residency in Ob/Gyn at Harvard University’s Beth Israel Hospital. He has received numerous awards, and is author of numerous articles and two books on Urogynecology and pelvic floor disorders.

Peter Sand, MD – Dr. Sand received his B.S. and M.D. at Northwestern University. He took his residency in Ob/Gyn at Northwestern University and completed a Fellowship in Urogynecology and Pelvic Surgery at the University of California, Irvine. Dr. Sand founded this division and center in 1991, and has directed the Fellowship program. He is a Clinical Professor of Ob/Gyn at the University of Chicago, Pritzker School of Medicine. Dr. Sand is the recipient of numerous prestigious awards, and has served as President of the International Urogynecologic Association and Associate Editor of the International Urogynecology Journal.

Karen Sasso, RN, APN – Karen is a Clinical Nurse Specialist who provides expertise in the areas of urodynamics testing, electrical stimulation and biofeedback. She has been with the center since 1991 and sees patients independently for testing, treatments, and follow-up.

Janet Tomezsko, MD – Dr. Tomezsko completed her B.S. at Penn State University before attending Hahnemann University. She completed her residency training in Ob/Gyn at Lehigh Valley Hospital. She completed her fellowship in Urogynecology at Northwestern University in 1997. Dr. Tomezsko was Chief of Urogynecology at Northwestern until joining NorthShore in 2009. Dr. Tomezsko has published several scientific articles, and has given many lectures throughout the country in the field of urogynecology.

NorthShore University HealthSystem
Urogynecology Initial Visit Questionnaire

Name: _____

Date of Birth: _____

Your Primary Care Physician:

Name _____

Address _____

Your Gynecologist:

Name _____

Address _____

Which of the above physicians referred you to our office? _____

Please indicate if you're experiencing any of the following:

URINARY

- Frequent urination
- Nighttime voiding
- Urgency to urinate
- Urinary burning / pain
- Urinary incontinence
- Recurrent bladder infections
- Difficulty emptying bladder
- Blood in the urine
- Interstitial cystitis

PROLAPSE

- Vaginal prolapse (bulging)
- Pessary management

BOWEL

- Accidents involving stool / gas
- Constipation
- Heartburn

PAIN

- Vaginal or Vulvar pain
- Pelvic pain
- Bladder pain
- Rectal pain
- Back pain
- Abdominal pain

SEXUAL

- Decreased satisfaction
- Painful intercourse

GYNECOLOGIC

- Vaginal bleeding
- Vaginal discharge
- Vaginal dryness
- Vaginal or vulvar itching
- Vaginal or vulvar irritation

GENERAL

- Dry Mouth
- Dry Eyes
- Skin Rash
- Fever
- Dizziness
- Sleepiness / Fatigue
- Memory Loss

What's the main reason for today's visit? Either select from above, or write your own:

How long has this problem bothered you?

- 6 months or less
- > 6 months to 1 year
- >1 year to 5 years
- >5 years

What prior treatments or evaluations have you had for this problem?

- No prior treatments
- Overactive bladder medication
- Antibiotics for frequent bladder infections
- Kegel exercises
- Physical therapy for the pelvic floor
- Vaginal Estrogen Therapy
- Surgery for urinary incontinence
- Surgery for prolapse (vaginal bulge)
- Medication for pelvic or vaginal pain
- Pessary
- Stool Softeners
- Laxatives
- Botox (for bladder or pelvic symptoms)
- Interstim ("bladder pacemaker")
- Acupuncture (bladder or pelvic symptoms)
- Urethral injections
- Bladder installations
- Other: _____

MEDICAL HISTORY

As an adult have you had any of the following (check all that apply)?

- | | | |
|--|---|---|
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Bladder Infections | <input type="checkbox"/> Anal Incontinence |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Interstitial Cystitis | <input type="checkbox"/> Irritable Bowel Syndrome (IBS) |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Pelvic Pain | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Cough, Asthma or COPD | <input type="checkbox"/> Urinary Incontinence | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Kidney or Bladder Stones | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Blood in the urine | <input type="checkbox"/> Recurrent urinary infections | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Cancer (please specify what type): _____ | | |
| <input type="checkbox"/> Please List Any Other Medical Conditions: | | |

SURGICAL HISTORY

Have you had a **Hysterectomy**? Yes No

If yes, for what reason? (e.g. "fibroids, bleeding, prolapse"): _____

When? _____

Which doctor & hospital? _____

What type?

- Vaginal Hysterectomy
- Abdominal Hysterectomy
- Laparoscopic or Robotic Hysterectomy

Have you had your ovaries removed? Yes No

Have you had any previous surgery for **urinary incontinence**? Yes No

If yes, when? _____

Which doctor & hospital? _____

What type?

- Sling procedure
- Burch or MMK
- Needle Suspension
- Urethral Injection

Have you had any previous surgery for **pelvic relaxation / prolapse**? Yes No

If yes, when? _____

Which doctor & hospital? _____

What type of surgery?

- Vaginal incision
- Abdominal incision
- Laparoscopic or robotic

List any other operations, and the year performed:

OBSTETRICAL HISTORY

Number of Pregnancies _____
Number of Children _____
Number of vaginal deliveries _____
Number of cesarean sections _____

MEDICATIONS

Please list all current medications (including hormones, contraceptives, vitamins) and dosages:

ALLERGIES

Do you have any drug allergies? Y N

Please list which drugs you are allergic to and what happens when you take them:

FAMILY & SOCIAL HISTORY

Have any first-degree relatives had these diseases? If so, please indicate their relationship to you.

Heart Disease _____ Kidney Disease _____
Stroke _____ Blood / Clotting Disorder _____
Ovarian Cancer: _____ Other Family or Hereditary Diseases:
Breast Cancer _____
Other Cancer (please list type) _____

Do you smoke:

- No
- Yes

If yes ... How many packs per day? _____ How many years? _____

Do you drink alcohol:

- No
- Yes

If yes ... How many drinks per week? _____

Pelvic Floor Distress Inventory Questionnaire

Please answer all of the questions in the following survey. These questions will ask you if you have certain bowel, bladder or pelvic symptoms and if you do how much they bother you. Answer each question by putting an **X** in the appropriate box or boxes. If you are unsure about how to answer, please give the best answer you can. While answering these questions, please consider your symptoms over the **last 3 months**.

If **YES**, how much does it bother you?

		Not at all	Somewhat	Moderately	Quite a bit
Do you usually experience pressure in the lower abdomen?	Yes No				
Do you usually experience heaviness or dullness in the lower abdomen?	Yes No				
Do you usually have a bulge or something falling out that you can see or feel in the vagina area?	Yes No				
Do you usually have to push on the vagina or around the rectum to have a complete bowel movement?	Yes No				
Do you usually experience a feeling of incomplete bladder emptying?	Yes No				
Do you ever have to push up in the vaginal area with your fingers to start or complete urination?	Yes No				
Do you feel you need to strain too hard to have a bowel movement?	Yes No				
Do you feel you have not completely emptied your bowels at the end of a bowel movement?	Yes No				
Do you usually lose stool beyond your control if your stool is well formed?	Yes No				
Do you usually lose stool beyond your control if you stool is loose or liquid?	Yes No				
Do you usually lose gas from the rectum beyond your control?	Yes No				
Do you usually have pain when you pass your stool?	Yes No				
Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	Yes No				
Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?	Yes No				
Do you usually experience frequent urination?	Yes No				

(See next page)

Pelvic Floor Distress Inventory Questionnaire

If **YES**, how much does it bother you?

		Not at all	Somewhat	Moderately	Quite a bit
Do you usually experience urine leakage associated with a feeling of urgency; that is, a strong sensation of needing to go to the bathroom?	Yes No				
Do you experience urine leakage related to laughing, coughing, or sneezing?	Yes No				
Do you usually experience small amounts of urine leakage (that is, drops)?	Yes No				
Do you usually experience difficulty emptying your bladder?	Yes No				
Do you usually experience pain of discomfort in the lower abdomen or genital region?	Yes No				

Sexual Function Questionnaire (PISQ-12)

The next set of items covers material that is sensitive and personal. Specifically, these questions ask about matters related to your sexual activity in the past month. We realize that for some women, sexual activity is an important part of their lives; but for others it is not. To help us understand how your bladder and pelvic problems might affect your sexual activity, we would like you to answer the following questions from your own personal viewpoint.

Remember, your confidentiality is assured. While we hope you are willing to answer all of the questions, if there are any questions you would prefer not to answer, you are free to skip them. Please select the most appropriate response to each question. Remember these questions are only relevant to sexual activity in the past month.

In the past month, have you engaged in sexual activities with a partner?

- Yes → complete only section A below**
 No → complete only section B below

SECTION A: If you have engaged in sexual activity with a partner in the last month

1. How frequently do you feel sexual desire? This feeling may include wanting to have sex, planning to have sex, feeling frustrated due to lack of sex, etc.

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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2. Do you climax (have an orgasm) when having sexual intercourse with your partner?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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3. Do you feel sexually excited (turned on) when having sexual activity with your partner?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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4. On a 5-point scale where "1" indicates very satisfied and "5" indicates not at all satisfied, how satisfied are you with the variety of sexual activities in you current sex life?

Very Satisfied ←————→ Not at all Satisfied

1	2	3	4	5
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5. Do you feel pain during sexual intercourse?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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6. Are you incontinent of urine (leak urine) with sexual activity?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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7. Does fear of incontinence (either stool or urine) restrict your sexual activity?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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8. Do you avoid sexual intercourse because of bulging in the vagina (either the bladder, rectum or vagina?)

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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9. When you have sex with your partner, do you have negative emotional reactions such as fear, disgust, shame or guilt?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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10. Does your partner have a problem with erections that affects your sexual activity?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always	6 Not Applicable
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11. Does your partner have a problem with premature ejaculation that affects your sexual activity?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always	6 Not Applicable
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12. Compared to orgasms you have had in the past, how intense are orgasms you have had in the past month?

1 Much more intense	2 More intense	3 Same intensity	4 Less intense	5 Much less intense
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SECTION B: If you have not had sexual activity with a partner in the last month

1. Do you have a partner at this time?

1 Yes	2 No
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2. How frequently do you feel sexual desire? This feeling may include wanting to have sex, planning to have sex, feeling frustrated due to lack of sex, etc.

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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3. On a 5-point scale where "1" indicates very satisfied and "5" indicates not at all satisfied, how satisfied are you with the variety of sexual activities in your current sex life?

Very Satisfied ←————→ Not at all Satisfied

1	2	3	4	5
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4. Does fear of pain during sexual intercourse restrict your activity?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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5. Does fear of incontinence (either stool or urine) during sexual intercourse restrict your sexual activity?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
------------	-------------	----------------	--------------	-------------

6. Do you avoid sexual intercourse because of bulging in the vagina (either the bladder, rectum or vagina)?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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