

**NorthShore University HealthSystem**  
**Gynecologic Pain & Minimally Invasive Surgery**  
**Phone: (847) 926-6540 Fax: (847)926-6545**

**Skokie ACC**  
9650 Gross Point Rd  
Suite 3900  
Skokie, IL 60076

**Highland Park ACC**  
757 Park Ave West  
Suite 3870  
Highland Park, IL 60035

**Glenbrook Specialty**  
2050 Pflingsten Rd.  
Suite 128  
Glenview, IL 60025

**Gurnee Medical Group**  
15 Tower Court  
Suite 300  
Gurnee, IL 60031

**Time:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Dr. Frank Tu**

**Dr. Sangeeta Senapati**

**Dr. Diana Atashroo**

**Before You Arrive:**

- Please call Pre-Registration one week before your appointment at (847) 663-8600 to verify your insurance.
- Please complete the enclosed new patient questionnaire to help us provide you with the best possible care. It is important that you **BRING THE COMPLETED** new patient questionnaire, your insurance card, government ID and medical records with you to your first visit. You can also have your medical records faxed (847-926-6545) to our office prior to your appointment. We would need the following medical records:
  - Operative report(s) pertinent to your gynecological visit
  - Pathology report(s) pertinent to your gynecological visit
  - Any pap results from the past 3 years only
  - Any lab, and culture results from the past 3 years only
  - Ultrasound(s) of abdomen and pelvis reports
  - CT scan(s) of abdomen and pelvis reports (CD preferable)
  - Any other records that would be pertinent for pelvic pain/ surgical referral.
- Please arrive 15 minutes PRIOR to your appointment to complete additional paperwork
- It is your responsibility to verify with your insurance company and/or PCP if a referral is required. If a referral is required we MUST have it prior to your visit with the doctor. If a referral is required and we do not have one on file, your insurance company may deny coverage for the services rendered. You can have your insurance company and/or PCP fax the referral prior to your appointment to 847-926-6545.

**Please Keep in Mind:**

- **Initial Examination:** A pelvic examination is usually performed on the first visit.
- Please note we are a teaching institute and there may a student or resident assisting the physician.

- **Canceling or Rescheduling:** In the event you need to cancel or reschedule your appointment, please use NorthShore Connect or call (847) 926-6540, as soon as possible.
- **Late Arrival:** In the event you may be late, please call (847) 926-6540 (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 you to communicate with our office via email, and provides you with computer access to your test results, appointment booking and reminders, and many other benefits. If you have a computer and/or smartphone and are not already enrolled in NorthShore Connect please visit [www.northshoreconnect.org](http://www.northshoreconnect.org) and sign-up or ask the receptionist for login instructions at your visit.

### About Our Center

#### SERVICE OFFERINGS:

- Our physicians offer women a complete spectrum of treatment options for the medical and surgical management of many different gynecologic diagnoses, including uterine fibroids, abnormal bleeding, endometriosis, ovarian cysts and pelvic pain.
- A comprehensive plan is developed for each patient to manage acute pain or dysfunction and to prevent disability.
- Each patient's care is coordinated by our physicians, who work closely with multiple disciplines so that timely referrals may be initiated when needed.
- General Gynecology

#### PHILOSOPHY OF CARE:

- We specialize in **minimally invasive approaches to pelvic surgery.**
- Smaller incisions and less tissue trauma allow women to experience less pain from procedures, a better cosmetic appearance and quicker recovery.
- For female pelvic pain problems we emphasize a **comprehensive, multi-organ assessment.**
- We work with a team of specialists ranging from health psychology, physical therapy, gastroenterology, urogynecology, colorectal, and urology.
- We are trained on use of the daVinci surgical robot, but it is generally unlikely we will need it for any potential surgery you may be seeing us for.
- For women who have significant prior or ongoing use of opioid medications, we generally are conservative with use of these medications. Please expect that any plan to prescribe these medications, at low doses, will be only as part of a broad plan, and only for time-limited periods. North Shore has a

pain program we work with in settings where prolonged opioid management may be needed under the direction of a board-certified pain specialist separate from a pelvic surgeon.

**PHYSICIANS BIO:**

**Frank Tu, MD** –Frank Tu, MD, MPH, is the director of the North Shore University Health System Division of Gynecological Pain and Minimally Invasive Surgery in Evanston, Illinois. Dr. Tu is also a Clinical Associate Professor at the University Of Chicago Pritzker School Of Medicine. He received his medical degree from the University of Alabama, and completed an obstetrics and gynecology residency at Northwestern University. Dr. Tu completed a fellowship program at the University of North Carolina in advanced laparoscopic surgery and pelvic pain management while earning a master's in public health.

The current focus of his research group includes clinical and pelvic musculoskeletal pain disorders, diagnostic test evaluation, outcomes, assessments and physician surgical education. He currently is principal investigator on an NIH R01 (CRAMPP) to study how chronic menstrual pain influences de novo bladder pain sensitivity. He is also a co-investigator on an NIH U01 award to investigate a multidisciplinary approach to chronic pelvic pain, and has previously been funded on a K23 Career Development Award by the NIH. Additional sources of funding have including several North Shore Health grants, a Berlex Clinical Scholar Award, the Alumnae of Northwestern University, and the Society for Women's Health Section of the APTA. In 2014 he served as President of the International Pelvic Pain Society.

Dr. Tu has spoken at several national and international workshops on pain and endoscopic surgery, and has authored and co-authored research articles published in the peer review literature.

**Sangeeta Senapati, MD** – Dr. Sangeeta Senapati, MS, received her medical degree from Jefferson Medical College and completed an obstetrics and gynecology residency and fellowship at the University of Michigan Medical Center. Her fellowship was in minimally invasive surgery and chronic pelvic pain with an emphasis on robotic surgical techniques. Dr. Senapati's clinical interests include management of uterine fibroids, heavy and painful periods, ovarian cysts, pelvic pain, and endometriosis. Her research interests include surgical outcomes for minimally invasive techniques and physician surgical education, including collaborative studies with several other major universities in the US. Dr. Senapati also serves as Clinical Assistant Professor at the University Of Chicago Pritzker School Of Medicine.

**Diana Atashroo, MD** - Dr. Atashroo sees patients for general gynecology and a variety of gynecologic issues. Her expertise includes evaluation and management of complex pelvic pathology and pelvic pain. Her special interests include: pudendal neuralgia, pelvic floor muscle spasms, pelvic congestion syndrome, interstitial

cystitis, and pain related to vaginal mesh procedures. She also performs minimally invasive gynecologic surgery, including laparoscopic and robotic procedures.

Dr. Atashroo received her medical degree from the University of Missouri-Kansas City. She completed her residency in Obstetrics & Gynecology at Baystate Medical Center in Springfield, MA. She is an active member of AAGL (American Association of Gynecologic Laparoscopist) and IPPS (International Pelvic Pain Society) and has presented at national meetings on various topics related to surgery and pelvic pain.

**NorthShore University HealthSystem  
Gynecologic Pain & Minimally Invasive Surgery**

**New Patient Intake Questionnaire**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Names & Phone #'s for physicians involved in your care**

Referring Physician:	Other physician:
_____	_____
Name	Name
_____	_____
Phone and fax number	Phone and fax number

**New Annual Patients fill out only pages 5-7**

**In brief, what is the main reason you are seeing the doctor today:** \_\_\_\_\_

**How long have you had the symptoms?**

\_\_\_\_\_ 6mo or less \_\_\_\_\_ 6mo-1 year \_\_\_\_\_ 1-2 years \_\_\_\_\_ 3-5 years \_\_\_\_\_ 6-10 years \_\_\_\_\_ >10years

**What prior treatments have you tried? (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Bladder Medication                      | <input type="checkbox"/> Lupon                      |
| <input type="checkbox"/> Kegel exercises                         | <input type="checkbox"/> IUD                        |
| <input type="checkbox"/> Physical Therapy                        | <input type="checkbox"/> Antidepressant medications |
| <input type="checkbox"/> Medication for pelvic or vaginal pain   | <input type="checkbox"/> Acupuncture                |
| <input type="checkbox"/> Birth control pills/hormonal treatments | <input type="checkbox"/> Compounded/topical drugs   |
| <input type="checkbox"/> NSAIDS                                  | <input type="checkbox"/> Antibiotics                |
| <input type="checkbox"/> Opioids                                 | <input type="checkbox"/> Nerve Blocks               |
| <input type="checkbox"/> UFE                                     | <input type="checkbox"/> Other: _____               |

**What are your goals for seeing the doctor? (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Decrease urination day or night | <input type="checkbox"/> Improve bleeding   |
| <input type="checkbox"/> Reduce urinary tract infections | <input type="checkbox"/> Treat fibroids     |
| <input type="checkbox"/> Improve my bowel habits         | <input type="checkbox"/> Optimize fertility |
| <input type="checkbox"/> Improve sexual function         | <input type="checkbox"/> Treat ovarian cyst |
| <input type="checkbox"/> Reduce pain                     | <input type="checkbox"/> Other: _____       |

**How often are you urinating (# hours between daytime voids)** \_\_\_\_\_

**Fertility Questions**

Number of Pregnancies \_\_\_\_\_

Number of Deliveries \_\_\_\_\_

Are you trying to conceive? Yes No

Care you currently undergoing fertility treatment? Yes No

Do you have a desire for future fertility? Yes No

## Menstrual History

Have you had a menstrual period in the last 6 months?  YES  NO

Are menstrual periods regular?  YES  NO

What is the average length of your menses? \_\_\_\_\_ (from the 1<sup>st</sup> day of your cycle to the 1<sup>st</sup> day of the next cycle)

What is the average number of days you bleed with each period? \_\_\_\_\_

How heavy is your period?

- Very (changing a pad/tampon in less than 2 hours)
- Moderate (changing a pad/tampon every 2-4 hours);
- Mild (using 1-3 pads/tampons a day)

Do you have bleeding between your periods?  YES  NO

How much pain/cramping do you have with your menstrual period? (0-10) \_\_\_\_\_

Does your menstrual pain limit your daily activities?  YES  NO

Do you take pain medication regularly for menstrual pain?  YES  NO

Medical Conditions	Surgeries (Date, Surgeon)
<p><b>List all medical conditions</b></p>          <p><b>Do you have the any of the following?</b></p> <p>Fibromyalgia <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Chronic Fatigue Syndrome <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Interstitial Cystitis <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Irritable Bowel Syndrome <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Low Back Pain <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Chronic Headaches <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>TMJ (temporomandibular joint disorder) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

MEDICATIONS - current	FAMILY HISTORY
	Please indicate if any members have the following: (and list who they are – ex. maternal grandmother)  Breast cancer  Colon cancer  Ovarian cancer  Easy bleeding problems  Blood clotting issues

**REVIEW OF SYSTEMS:** Please mark any symptoms that you have experienced in the last 3 months.

*Check this box if you do NOT have any of these symptoms*

General	√ = yes	Gastrointestinal	√ = yes
Chronic fatigue		Nausea or vomiting	
Fevers		Poor appetite	
Difficulty falling or staying asleep		Abdominal bloating/fullness	
Unintentional weight loss		Heartburn	
Unintentional weight gain		Constipation	
<b>Skin</b>		Diarrhea	
Rash		Blood in stools	
Itching		Pain with bowel movements	
Vaginal / vulvar ulcers or fissures		<b>Urinary</b>	
<b>Head and Neck</b>		Frequent urination (>8 times/day)	
Itchy eyes		Urgency (sudden urge to urinate)	
Sore throat		Urine leaking	
Mouth sores or ulcers		Pain with urination	
Bleeding gums		Blood in urine	
<b>Heart</b>		Incomplete bladder emptying	
Chest pain		Night time urination (>2 /night)	
Irregular heart beat		<b>Musculoskeletal</b>	
Ankle/foot swelling		Muscle or joint pain	
<b>Lungs</b>		Body aches or stiffness	
Shortness of breath		Leg pain	
Chronic cough		Back pain	
Wheezing		<b>Neurologic</b>	
<b>Endocrine</b>		Headaches	
Excess hair growth		Dizziness	
Nipple discharge		Memory Loss	
Hot flashes		Low attention	





**Voiding and pain indices**

**Interstitial Cystitis Symptom Index (ICSI)**

**Interstitial Cystitis Problem Index (ICPI)**

<p>Q1. <i>During the past month</i>, how often have you felt the strong need to urinate with little or no warning?</p> <p>0. ___ not at all          1. ___ less than 1 time in 5          2. ___ less than half the time          3. ___ about half the time          4. ___ more than half the time          5. ___ almost always</p>	<p><i>During the past month</i>, how much has each of the following been a problem for you?</p> <p>Q1. Frequent urination during the day?          0. ___ no problem          1. ___ very small problem          2. ___ small problem          3. ___ medium problem          4. ___ big problem</p>
<p>Q2. <i>During the past month</i>, have you had to urinate less than 2 hours after you finished urinating?</p> <p>0. ___ not at all          1. ___ less than 1 time in 5          2. ___ less than half the time          3. ___ about half the time          4. ___ more than half the time          5. ___ almost always</p>	<p>Q2. Getting up at night to urinate?          0. ___ no problem          1. ___ very small problem          2. ___ small problem          3. ___ medium problem          4. ___ big problem</p>
<p>Q3. <i>During the past month</i>, how often did you normally get up at night to urinate?</p> <p>0. ___ none          1. ___ once          2. ___ 2 times          3. ___ 3 times          4. ___ 4 times          5. ___ 5 or more times</p>	<p>Q3. Need to urinate with little warning?          0. ___ no problem          1. ___ very small problem          2. ___ small problem          3. ___ medium problem          4. ___ big problem</p>
<p>Q4. <i>During the past month</i>, have you experienced pain or burning in your bladder?</p> <p>0. ___ not at all          1. ___ a few times          2. ___ almost always          3. ___ fairly often          4. ___ usually</p>	<p>Q4. Burning, pain, discomfort, or pressure in your bladder?          0. ___ no problem          1. ___ very small problem          2. ___ small problem          3. ___ medium problem          4. ___ big problem</p>
<p>Add the numerical values of the checked entries          Total score: _____.</p>	<p>Add the numerical values of the checked entries          Total Score: _____.</p>

Please respond to each question by marking one box per row

**Promise Short Form – Fatigue**

In the past 7 days ...

	Never	Rarely	Sometimes	Often	Always
How often do you feel tired?	1	2	3	4	5
How often did you experience extreme exhaustion?	1	2	3	4	5
How often did you run out of energy?	1	2	3	4	5
How often did your fatigue limit you at work (include work at home)?	1	2	3	4	5
How often were you too tired to think clearly?	1	2	3	4	5
How often were you too tired to take a bath or shower?	1	2	3	4	5
How often did you have enough energy to exercise strenuously?	1	2	3	4	5

**Promise Short Form – Emotional Distress- Depression**

In the past 7 days ...

	Never	Rarely	Sometimes	Often	Always
I felt worthless	1	2	3	4	5
I felt that I had nothing to look forward to	1	2	3	4	5
I felt helpless	1	2	3	4	5
I felt sad	1	2	3	4	5
I felt like a failure	1	2	3	4	5
I felt depressed	1	2	3	4	5
I felt unhappy	1	2	3	4	5
I felt hopeless	1	2	3	4	5

**Promise Short Form – Emotional Distress- Anxiety**

In the past 7 days ...

	Never	Rarely	Sometimes	Often	Always
I felt fearful	1	2	3	4	5
I felt anxious	1	2	3	4	5
I felt worried	1	2	3	4	5
I found it hard to focus on anything other than my anxiety	1	2	3	4	5
I felt nervous	1	2	3	4	5
I felt uneasy	1	2	3	4	5
I felt tense	1	2	3	4	5

### Promise Short From – Pain Behavior

In the past 7 days ...

	Had no pain	Never	Rarely	Sometimes	Often	Always
When I was in pain I became irritable	1	2	3	4	5	6
When I was in pain I grimaced	1	2	3	4	5	6
When I was in pain I would lie down	1	2	3	4	5	6
When I was in pain I moved extremely slowly	1	2	3	4	5	6
When I was in pain I became angry	1	2	3	4	5	6
When I was in pain I clenched my teeth	1	2	3	4	5	6
When I was in pain I tried to stay very still	1	2	3	4	5	6
When I was in pain I appeared upset or sad	1	2	3	4	5	6
When I was in pain I gasped	1	2	3	4	5	6

### Promise Short Form – Pain Interference

In the past 7 days ...

	Not at all	A little bit	Somewhat	Quite a bit	Very much
How much did pain interfere with your enjoyment of life?	1	2	3	4	5
How much did pain interfere with your ability to concentrate?	1	2	3	4	5
How much did pain interfere with your day to day activities?	1	2	3	4	5
How much did pain interfere with your enjoyment of recreational activities?	1	2	3	4	5
How much did pain interfere with your tasks away from home (e.g. getting groceries, running errands)?	1	2	3	4	5

In the past 7 days ...

	Never	Rarely	Sometimes	Often	Always
How often did pain keep you from socializing with others?	1	2	3	4	5

## Promise Short Form – Physical Functioning

In the past 7 days ...

	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
Are you able to stand for one hour?	5	4	3	2	1
Are you able to do chores such as vacuuming or yard work?	5	4	3	2	1
Are you able to push open a heavy door?	5	4	3	2	1
Are you able to exercise for an hour?	5	4	3	2	1
Are you able to carry a heavy object (over 10 pounds)?	5	4	3	2	1
Are you able to stand up from an armless straight chair?	5	4	3	2	1
Are you able to dress yourself, including tying shoelaces and doing buttons?	5	4	3	2	1
Are you able to reach into a high cupboard?	5	4	3	2	1