Malvern Hill Consulting

New Patient Registration Form

Patient information

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Master ☐ Other_______ Date of Birth: ___________________________

Full name: ____

Full Address: ____

Mobile:________________________________ Home: _________________________ Work: _______________________

Email:____ Occupation:_____________________________

Local Pharmacy Name:_____________________________ Suburb:________________________ Ph: _________________

Usual General Practitioner (If not referring doctor): ____

GP Address: ____

Next of Kin Name: ______________________________________Contact number: ______________________________

Relationship to patient:____

Medicare Details

Patient Medicare Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Ref No (number before your name): ___

Account Holder if patient is under 18 years of age:

Parent Full Name: ____ Parent Date of Birth:_____________________

Parent Medicare Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Ref No (number before your name): ___

Private Health Insurance Details

Private Health Fund: ________________________________ Membership Number: ________________________________

Do you have hospital cover with your private health fund? ☐ Yes ☐ No

Have you had hospital cover with your health fund for longer than 12 months?

☐ Yes ☐ No: Please specify date or year you joined your health fund: _______________________________________

Concession Card/ Work Cover Details

Aged or Disability Pension No: __________________________________ Expiry date:______________________________

Dept. Veterans Affairs Card No: _________________________________ Expiry date:______________________________

Dept. Veterans Affairs Card Colour: ☐ White ☐ Gold

Health Care Card No: ____ Expiry date:______________________________

If your are a Workcover or TAC patient, please provide claim number: _______________________________________

Fee Policy/ Privacy Statement

Fee Policy: All consultation fees are due and payable on the day of consultation, Malvern Hill Consulting does not routinely bulk bill patients,
The costs for any surgical procedures will be discussed, if necessary, with you during consultation. DVA, TAC and Workcover are also charged at different rates. Failure to attend a booked appointment, without prior notification, will incur a fee. By signing this form you are agreeing to the practice fee policy.
Privacy Statement: This practice handles personal information in accordance with the Victorian Health Records Act and the Commonwealth Privacy Act. I consent to the handling of my information by this practice for the purpose of providing quality health care, associated administrative and billing purposes. give permission for medical information to be obtained from any other source in order to help with my treatment. I also give permission for medical photography to be used for planning procedures and follow up. Use for teaching, audit research or publication would require additional consent to be obtained. We require you to provide us with your personal details and medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs. We will use the information you provide in the following ways:

1. Administrative purposes in running our medical practice.
2, Billing purposes, including compliance with Medicare and Health Insurance Commission requirements,
3. Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice as advised by you.

I have read the above fee policy and privacy statement. I consent to the taking and use of my medical records as described. I have viewed the fees and agree to pay the costs of consultations and any surgical procedures performed.

Signature: __________________________ Name: ______________________________ Date: ______________________

Dr Caroline Dowling
UROLOGIST

www.urologyworks.com.au

Bladder and Fluid Intake Diary

Thank you for completing this bladder diary. It helps your Doctor to assess your symptoms and design an appropriate treatment plan for you.

Please complete this bladder diary for 48 hours over two consecutive days. Aim to start when you wake up on the first day and continue for just over 48 hours, finishing with the first pee of the 3rd day.

What to record under Bladder Function:

1. The **Time** you went to the toilet. Example: 7.00am

2. The **Amount** of urine passed in **mls.**

3. Rate how strong your **Urge** to pass urine was from **0-4**, using the key below:
   0 = No sensation of urine in bladder, could delay indefinitely **1**
   = A sensation of urine but no desire to void. Could delay 1hr **2**
   = Mild – moderate desire to void. Could delay 30 mins
   3 = Strong desire to void. Could not delay longer than 15 mins
   4 = Urgent desire to void. Unable to delay 5 mins

4. Any leakage on the way to the toilet:
   D = Damp (Smaller than a 50c piece)
   W = Wet (Larger than a 50c piece
   S = Soaked (wets through to outer layer)

What to record under Fluid Intake:

1. The **Time** you had a drink. Example: 7.30am

2. The **type of fluid** you drank. Example: Coffee, Water, Juice, Tea

3. The **Amount** of fluid you drank in **mls.**

Malvern Hill Consulting Suites - 1039 Malvern Road, Toorak, 3142

P: 03 9188 3690 F: 03 8513 6292

Day 1 Date: _____/_____/_________ **Patient Name:** ____________________________________

Start with the FIRST pee when you get up in the morning and include overnight pee's.

Bladder Function			
Time	**Urine Vol**	**Urge 0-4**	**D / W / S**

Fluid Intake		
Time	**Fluid Type**	**Fluid Vol**

Day 2 Date: _____/_____/_________

Start with the FIRST pee when you get up in the morning and include overnight pee's.

Bladder Function			
Time	**Urine Vol**	**Urge 0-4**	**D / W / S**

Fluid Intake		
Time	**Fluid Type**	**Fluid Vol**

Day 3: Date: ____________ 1st Void Time: ___________ Volume: _________mls Urge: __________ D / W / S

Dr Caroline Dowling

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QUEENSLAND FEMALE PELVIC FLOOR QUESTIONNAIRE

Patient: ______________________ **Date:** ______________

PRIMARY PROBLEM: ______________________ **Duration:** ____________

SECONDARY PROBLEM: ______________________

Bladder Section

Urinary frequency How many times do you pass urine in the day? 0 Up to 7 1 Between 8-10 2 Between 11-15 3 More than 15	**Nocturia** How many times do you get up at night to pass urine? 0 0-1 1 2 2 3 3 More than 3 times	**Nocturnal enuresis** Do you wet the bed before you wake up? 0 Never 1 Occasionally – less than 1/week 2 Frequently – once or more/week 3 Always – every night
Urgency Do you need to rush/hurry to pass urine when you get the urge? 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily	**Urge incontinence** Does urine leak when you rush/hurry to the toilet/Can you make it in time? 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily	**Stress incontinence** Do you leak with coughing, sneezing, exercising? 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily
Weak Stream Is your urinary stream/flow weak/prolonged/slow? 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily	**Incomplete bladder emptying** Do you have a feeling of incomplete bladder emptying? 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily	**Strain to empty** Do you need to strain to empty your bladder? 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily
Pad usage Do you have to wear pads? 0 None – Never 1 As a precaution 2 With exercise/during a cold 3 Daily	**Reduced fluid intake** Do you limit your fluid intake to decrease leakage? 0 Never 1 Before going out/socially 2 Moderately 3 Daily	**Recurrent UTI** Do you have frequent bladder infections? 0 No 1 1 – 3 per year 2 4 – 12 per year 3 More than 1 per month
Dysuria Do you have pain in your bladder/urethra when you empty your bladder? 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily	**Impact on social life** Does urine leakage affect your routine activities (recreation, shopping, etc) 0 Not at all 1 Slightly 2 Moderately 3 Greatly	**How much of a bother** Is your bladder problem to you? 0 No problem 1 Slightly 2 Moderately 3 Greatly
Other symptoms (haematuria, pain, etc.)		

Bowel Section

Defaecation frequency How often do you usually open your bowels? 2 Less than 1/week 1 Less than every 3 days 0 More than 3/week or daily 0 More than 1/day	**Consistency of bowel motion** How is the consistency of your usual stool? 0 Soft 0 Firm 1 Hard / Pebbles 2 Watery 1 Variable	**Defaecation straining** Do you have to strain a lot to empty your bowels? 0 Never 1 Occasionally – less than 1/week 2 Frequently – once or more/week 3 Daily
Laxative Use Do you use laxatives to empty your bowels 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily	**Do you feel constipated?** 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily	**Flatus incontinence** When you get wind/flatus, can you control it or does wind leak? 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily
Faecal urgency Do you get an overwhelming sense of urgency to empty bowels? 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily	**Faecal incontinence with diarrhoea** Do you leak watery stool when you don't mean to? 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily	**Faecal inc. with normal stool** Do you leak normal stool when you don't mean to? 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily

QUEENSLAND FEMALE PELVIC FLOOR QUESTIONNAIRE

Incomplete bowel evacuation Do you have the feeling of incomplete bowel emptying? 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily	**Obstructed defecation** Do you use finger pressure to help empty your bowel? 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily	**How much of a bother** Is your bowel problem to you? 0 No problem 1 Slightly 2 Moderately 3 Greatly
Other symptoms (pain, mucous discharge, rectal prolapse, etc.)		

Prolapse Section

Prolapse sensation Do you get a sensation of tissue protrusion in your vagina/lump/bulging? 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily	**Vaginal pressure of heaviness** Do you experience vagina pressure/heaviness/dragging sensation? 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily	**Prolapse reduction to void** Do you have to push back your prolapse in order to void? 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily
Prolapse reduction to defaecate Do you have to push back your prolapse to empty your bowels? 0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily	**How much of a bother** Is the prolapse to you? 0 No problem 1 Slightly 2 Moderately 3 Greatly	
Other symptoms (problems sitting/walking, pain, vagina bleeding)		

Sexual function Section

Sexually active? Are you sexually active? ☐ No ☐ Less than 1/week ☐ More than 1/week ☐ Most days/daily	**If NOT, why not:** ☐ No partner ☐ Partner unable ☐ Vaginal dryness ☐ Too painful ☐ Embarrassment ☐ Other	**Sufficient lubrication** Do you have sufficient lubrication during intercourse? 1 No 0 Yes
During intercourse vaginal sensation is: 3 None 3 Painful 1 Minimal 0 Normal / Pleasant	**Vaginal laxity** Do you feel that your vagina is too loose or lax? 0 Never 1 Occasionally 2 Frequently 3 Always	**Vaginal tightness/vaginismus** Do you feel that your vagina is too tight? 0 Never 1 Occasionally 2 Frequently 3 Always
Dyspareunia Do you experience pain with intercourse: 0 Never 1 Occasionally 2 Frequently 3 Always	**Dyspareunia where** Where does the pain occur? ☐ No pain ☐ At the entrance of the vagina ☐ Deep inside / in the pelvis ☐ Both	**Coital incontinence** Do you leak urine during sex? 0 Never 1 Occasionally 2 Frequently 3 Always
How much of a bother Are these sexual issues to you? 0 No problem at all 1 Slight problem 2 Moderate problem 3 Great problem	**Other symptoms** (coital flatus or faecal incontinence, vaginismus, etc.)	