

**SPECIFIC CONSENT FOR GENITAL OR PELVIC EXAMINATION**

**I, specifically consent**, to have a genital examination performed on me if my urology provider so recommends. For males, this consent includes an examination of the external genitals and the prostate gland; for females, this consent includes a pelvic examination: the external genital and the internal genitalia (vagina, cervix, uterus, fallopian tubes, ovaries, and rectum).

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Signature of Patient

Date

Signature of Legally Authorized Representative: \_\_\_\_\_

Relationship of Legally Authorized Representative: \_\_\_\_\_

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

**PLEASE FILL OUT THE FOLLOWING INFORMATION TO HELP US BETTER ASSIST YOUR NEEDS**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Which symptoms best describe you? (Please check all that apply)**

- frequent urination (day, night, or both)
- sudden or strong urge to urinate
- unable to empty bladder fully
- leaking with sneezing, coughing, or exercising
- leaking with urge or no warning (unable to make it to the restroom in time)
- bladder or pelvic pain
- none of the above (if checked, you are finished with this questionnaire)

**How long have been experiencing these symptoms?** \_\_\_\_\_

**Have you tried any medications to help with the symptoms?**  YES  NO

**Circle all medications you have tried:**

Detrol LA	Sanctura	DDAVP
Oxytrol Patch	Elavil	Ditropan XL
Enablex	Myrbetriq	Flomax
Vesicare	Elmiron	Cardura
DDAVP	Other:	

**Have these medications helped? (Circle best answer)**

No Relief

Total

Relief	1	2	3	4	5	6	7	8	9	10
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**Are you still taking these medications?**  YES  NO

**If not, why did you stop?**  did not help  side effects  too expensive

**What is your level of frustration with your bladder symptoms? (Circle best answer)**

Not Frustrated	1	2	3	4	5	6	7	8	9	10	Very Frustrated
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**Do you currently have problems with bowel function?**  YES  NO

**If yes, please describe?**  constipation  diarrhea  bowel incontinence  Other

**Would you be interested in treatment options for your bladder symptoms other than medications?**  YES  NO