HALTON UROLOGY

Georgetown Hospital • Milton District Hospital • Oakville Hospital

Dr. Kevin G. Kwan, BSc (Hons), MD, FRCS(C)
Minimally Invasive Surgery and General Urology

Assistant Clinical Professor
Division of Urology, Department of Surgery
McMaster University

Co-Chief of Surgery, Milton District Hospital

PATIENT HEALTH QUESTIONNAIRE (complete all 3 pages)

APPOINTMENT DATE: _____ REFERRING OR FAMILY DOCTOR: _____

NAME: _____ SEX: ☐ M ☐ F AGE: _____
FIRST LAST

EMAIL ADDRESS: _____ YOUR PHARMACY : _____

CHIEF COMPLAINT (reason for your visit): _____

HISTORY OF PRESENTING ILLNESS (describe briefly): _____

_____

*DO YOU **CURRENTLY HAVE** OR DO YOU HAVE A **HISTORY OF**?* **(Please circle all that apply)**

UROLOGY: bladder cancer | bladder infections | BPH (enlarged prostate) | erectile dysfunction | Peyronie's disease | hematuria (blood in urine) | interstitial cystitis | kidney cancer | kidney infection | kidney stones prostate cancer | prostatitis | testicular cancer | urethral stricture | urinary incontinence | other: _____

If you were treated for a urologic cancer, describe treatment: _____

EYES: glaucoma | cataracts | blindness | other: _____

ENT: hearing loss or deafness | difficulties swallowing | sleep apnea or use a CPAP machine | throat cancer other: _____

CARDIOVASCULAR: arrhythmia | angina or heart pain | congestive heart failure | elevated cholesterol hypertension (high blood pressure) | heart attack | heart murmur or valve problem | coronary artery disease circulation problems or peripheral vascular disease | other: _____

Anticoagulant use: aspirin | plavix | coumadin (Warfarin) | other: _____

RESPIRATORY: emphysema | pneumonia | asthma | COPD | bronchitis | lung cancer other: _____

GASTROINTESTINAL: hiatal hernia | peptic ulcer disease | reflux disease (GERD) | hepatitis | liver disease | jaundice | inflammatory bowel disease (Crohn's disease/ulcerative colitis) | irritable bowel syndrome (IBS) | pancreatitis | diverticulitis | colon cancer | other: _____

RENAL: medullary sponge kidney | renal insufficiency | renal failure | renal or kidney cysts | polycystic kidney disease | vesicoureteric reflux disease | other: _____

GYNECOLOGICAL: endometriosis | fibroids | deliveries (vag#) ____ (c-section#) ____ | menopause | ovarian cancer | uterine cancer | cervical cancer | pelvic organ prolapse | other: _____

BREAST: breast cancer | other: _____

HALTON UROLOGY

Georgetown Hospital • Milton District Hospital • Oakville Hospital

Dr. Kevin G. Kwan, BSc (Hons), MD, FRCS(C)
Minimally Invasive Surgery and General Urology

Assistant Clinical Professor
Division of Urology, Department of Surgery
McMaster University

Co-Chief of Surgery, Milton District Hospital

ORTHOPEDIC: herniated disk | arthritis | osteoporosis | osteopenia | other: _____

NEUROLOGIC: Alzheimer's disease | epilepsy | migraine headaches | multiple sclerosis | Parkinson's disease | seizures | stroke | TIA | spina bifida | brain tumor (maligant or benign) | other: _____

ENDOCRINE: diabetes mellitus | Cushing's disease |hyperparathyroidism | hyperthyroidism | hypothyroidism gout | other: _____

SKIN: melanoma | non-melanoma skin cancer | other: _____

HEMATOLOGIC: anemia | bleeding disorder | deep venous thrombosis or pulmonary embolism | sickle cell disease/trait | lymphoma | leukemia | other: _____

PSYCHIATRIC: anxiety | bipolar disorder | depression | schizophrenia | other: _____

PLEASE LIST ANY **SURGERIES** (OPERATIONS OR PROCEDURES) YOU HAVE HAD?

Surgery and/or subsequent treatment:	Date of surgery:

PLEASE LIST ALL YOUR CURRENT **MEDICATIONS**: **(please include name and dosage)**

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

DO YOU HAVE ANY **ALLERGIES** TO MEDICATIONS? ☐ No ☐ Yes (if yes please list below)

Medication name:	Allergic Reaction:

DO YOU SMOKE? ☐ No ☐ Yes – how much do you smoke per day? _____

HOW MANY CAFFEINATED DRINKS (COFFEE, COLA, TEA) DO YOU CONSUME **PER DAY**? _____

IF YOU DRINK ALCOHOL, HOW MANY DO YOU CONSUME **PER WEEK**? _____

HALTON UROLOGY

Georgetown Hospital • Milton District Hospital • Oakville Hospital

Dr. Kevin G. Kwan, BSc (Hons), MD, FRCS(C)
Minimally Invasive Surgery and General Urology

Assistant Clinical Professor
Division of Urology, Department of Surgery
McMaster University

Co-Chief of Surgery, Milton District Hospital

DO YOU HAVE A FAMILY HISTORY OF ANY **UROLOGIC CANCERS**? _____

IS THERE ANYTHING ELSE YOU WANT US TO KNOW ABOUT YOU?: _____

_____

_____

AMERICAN UROLOGICAL ASSOCIATION SYMPTOM SCORE ***Please fill out this questionnaire ONLY if you have voiding symptoms***	**Not at all**	**Less than 1 time in 5**	**Less than half the time**	**About half the time**	**More than half the time**	**Almost always**	**YOUR SCORE**
INCOMPLETE EMPTYING: Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
FREQUENCY: Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
INTERMITTENCY: Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
URGENCY: Over the last month, how difficult have you found it to postpone urination?	0	1	2	3	4	5	
WEAK STREAM: Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
STRAINING: Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
	None	**1 time**	**2 times**	**3 times**	**4 times**	**≥5 times**	
NOCTURIA: Over the past month, how many times PER NIGHT do you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	
						TOTAL AUA SYMPTOM SCORE	

QUALITY OF LIFE DUE TO URINARY SYMPTOMS	Delighted	Pleased	Mostly satisfied	Mixed – about equally satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	0	1	2	3	4	5	6