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# First Visit Questionnaire

*Welcome to Zipper Urogynecology Associates*

Name: ______________________________ Date: __________________

1. Do you leak urine when you cough, sneeze, or laugh? ☐ **Yes** ☐ **No**
2. Do you regularly have a strong urge to urinate, such that if you do not reach the bathroom quickly you feel you will leak? ☐ **Yes** ☐ **No.** If yes, do you leak before reaching the bathroom? ☐ **Yes** ☐ **No**
3. How many times do you urinate during the day? ___________________________________
4. How many times do you get up at night to urinate? _________________________________
5. Have you ever wet your bed? ☐**Yes** ☐ **No.** If Yes, How Often? ______________________
6. Do you leak during or after sexual intercourse? ☐**Yes** ☐ **No**
7. How often do you leak? _____________________**Day / Week / Month**
8. Do you wear a pad because you are leaking? ☐**Yes** ☐ **No**
9. Have you had any bladder, urine or kidney infections in the last year? ☐**Yes** ☐ **No.**
10. Do you have pain when you urinate? ☐**Yes** ☐ **No**
11. Have you had blood in your urine? ☐**Yes** ☐ **No**
12. Do you find it hard to start urinating? ☐**Yes** ☐ **No**
13. Do you have a slow urinary stream or have to strain to start urinating? ☐**Yes** ☐ **No**
14. After you urinate, do you feel that your bladder is still full? ☐**Yes** ☐ **No**
15. Do you have Glaucoma? ☐**Yes** ☐ **No**
16. Do you have a pacemaker or any metal in your body? ☐**Yes** ☐ **No**
17. Do you lose any stool involuntarily? ☐**Yes** ☐ **No**
18. Do you have problems evacuating a bowel movement? ☐**Yes** ☐ **No**
19. Have you tried any medication for your bladder problem? ☐**Yes** ☐ **No.** If Yes, Please list what you have tried and if you have had any relief.

    ______________________________________________________________________

    ______________________________________________________________________

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GyneShape Laser Surgery: (Optional Section)
You may be a candidate for the GyneShape Laser Procedure if you answer yes to either of the two questions below. If you check yes to either one, we will provide you with additional information about the GyneShape Procedures.

1. I am sexually active and feel that the vagina is too big. ☐**Yes** ☐ **No**
2. I am unhappy with the appearance of my labia. ☐**Yes** ☐ **No**

**THANK YOU!**

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