



INCONTINENCE, VOIDING DYSFUNCTION, VAGINAL RECONSTRUCTION  
99 NORTH LA CIENEGA BOULEVARD · SUITE 307 · BEVERLY HILLS, CA 90211  
TEL 310.385.2992 · FAX 310.385.2973

**PATIENT INFORMATION**

Date \_\_\_\_\_ Referring physician \_\_\_\_\_  
Last name \_\_\_\_\_ First name \_\_\_\_\_  
Date of birth \_\_\_\_\_ Gender: Male / Female Marital status: MSD W  
SSN \_\_\_\_\_ (optional) E-mail \_\_\_\_\_  
Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_  
Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Mailing address (if different than above) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Spouse/significant other \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_  
**Insurance information**  
Insurance name \_\_\_\_\_ Type: PPO POS Medicare  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Subscriber (if different from patient) \_\_\_\_\_  
Date of birth \_\_\_\_\_ Relation to patient \_\_\_\_\_  
Policy no. \_\_\_\_\_ Group no. \_\_\_\_\_

AUTHORIZATION TO PAY MEDICAL AND SURGICAL BENEFITS DIRECTLY TO PHYSICIAN: I HEREBY AUTHORIZE MY INSURANCE TO MAKE PAYMENTS DIRECTLY TO KARYN S. EILBER, M.D. FOR ALL SURGICAL AND MEDICAL EXPENSE BENEFITS OTHERWISE PAYABLE TO ME FOR THIS PERIOD OF TREATMENT. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES NOT COVERED BY MY INSURANCE BENEFITS. I ALSO AUTHORIZE RELEASE OF MY RECORDS TO THE INSURANCE COMPANY FOR THE PURPOSE OF BILLING.

SIGNED \_\_\_\_\_ PATIENT / PARENT / GUARDIAN/INSURED

**MEDICAL HISTORY**

What is the main urologic issue that you would like to discuss?

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Do you have any other urologic issues that you would like addressed?

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Please list any medical conditions that you have (high blood pressure, diabetes, etc.):

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

Please list any prior surgeries or procedures:

Date of surgery/procedure:

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Please list any current medications/herbal supplements:

Dose

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Please list any medications that you are allergic to:

Reaction

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**For our female patients:**

No. of pregnancies: \_\_\_\_\_

No. of deliveries: \_\_\_\_\_

Vaginal or C-section? \_\_\_\_\_

Birth weights: \_\_\_\_\_

Age at menopause: \_\_\_\_\_

Hormone replacement: \_\_\_\_\_

**Please list any serious illnesses in your immediate family:**

Relative: \_\_\_\_\_

Illness: \_\_\_\_\_

Relative: \_\_\_\_\_

Illness: \_\_\_\_\_

Relative: \_\_\_\_\_

Illness: \_\_\_\_\_

**Are you currently single/married/separated/divorced/widowed? (please circle one)**

**What is your occupation?** \_\_\_\_\_

**On average, how many alcoholic beverages do you have in a week?** \_\_\_\_\_

**Did you ever smoke on a regular basis? YES / NO If so, how many packs a day? \_\_\_\_\_ For  
how many years? \_\_\_\_\_ Are you still smoking? \_\_\_\_\_**



**DO YOU EXPERIENCE, AND IF SO, HOW MUCH ARE YOU BOTHERED BY:**

*Please circle one: 0 – Not at all, 1 – Slightly, 2 – Moderately, 3- Greatly*

Frequent urination?	0	1	2	3	
Urine leakage related to the feeling of urgency?	0	1	2	3	
Urine leakage related to physical activity, coughing, or sneezing?	0	1	2	3	
Small amounts of urine leakage (drops)?	0	1	2	3	
Difficulty emptying your bladder?		0	1	2	3
Pain or discomfort in the lower abdomen/genital area?	0	1	2	3	

**HAS URINE LEAKAGE OR PROLAPSE AFFECTED YOUR:**

*Please circle one: 0 – Not at all, 1 – Slightly, 2 – Moderately, 3- Greatly*

Ability to do household chores?	0	1	2	3	
Physical recreation such as walking, swimming, or other exercise?	0	1	2	3	
Entertainment activities (movies, concerts, etc)?	0	1	2	3	
Ability to travel by car or bus more than 30 minutes from home?	0	1	2	3	
Participation in social activities outside your home?		0	1	2	3
Emotional health (nervousness, depression, etc)?	0	1	2	3	
Feeling frustrated?	0	1	2	3	