1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE / SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

PRIMARY OB-GYN PROVIDER, IF APPLICABLE

VISIT TYPE: UROGYNECOLOGY CONSULTATION / FOLLOW-UP / PESSARY VISIT / PELVIC FLOOR FOLLOW-UP / PROCEDURE FOLLOW-UP / POST-OPERATIVE VISIT / TELEHEALTH

CARE SETTING: OUTPATIENT / UROGYNECOLOGY CLINIC / OB-GYN CLINIC / UROLOGY CLINIC / PELVIC FLOOR CLINIC / TELEHEALTH

PRIMARY CARE PROVIDER, IF APPLICABLE

REFERRING PROVIDER, IF APPLICABLE

INTERPRETER USED, IF APPLICABLE

CHAPERONE PRESENT, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY UROGYNECOLOGY CONCERN

Primary urogynecology-related reason for the visit in the patient's own words when possible — urinary incontinence, urinary urgency, urinary frequency, nocturia, pelvic organ prolapse, pelvic pressure, recurrent urinary tract infections, bladder pain, painful urination, incomplete emptying, fecal incontinence, constipation, pessary management, pelvic floor dysfunction, post-operative follow-up, or surgical consultation...

S SUBJECTIVE

3 URINARY, PELVIC FLOOR, BOWEL & PROLAPSE SYMPTOMS

3a REASON FOR EVALUATION & URINARY SYMPTOMS

Reason for Urogynecology Evaluation (initial evaluation / stress urinary incontinence / urge urinary incontinence / mixed urinary incontinence / overactive bladder / pelvic organ prolapse / recurrent UTI / bladder pain syndrome / voiding dysfunction / fecal incontinence / pessary fitting or maintenance / pelvic floor therapy follow-up / surgical planning / post-

operative follow-up):

Urinary Incontinence Symptoms (leakage with coughing, sneezing, laughing, exercise, or lifting; urgency; inability to reach the restroom; continuous leakage; post-void dribbling; leakage volume; pad use; frequency; triggers; severity; impact on daily life):

Urinary Urgency / Frequency Symptoms (urgency, frequency, nocturia, urge-related leakage, bladder spasms, caffeine or fluid triggers, daytime voiding interval, nighttime voids, impact on sleep or activities):

Voiding Dysfunction / Emptying Symptoms (hesitancy, weak stream, intermittent stream, straining, incomplete emptying, double voiding, urinary retention, need to splint to void, catheter use, post-void residual history):

Recurrent UTI History (number of UTIs, time frame, culture results, antibiotic history, resistance patterns, triggers, relation to intercourse, hematuria, fever, flank pain, prophylaxis use, vaginal estrogen use, prior urologic evaluation):

3b PROLAPSE, PAIN, BOWEL & PELVIC FLOOR

Pelvic Organ Prolapse Symptoms (vaginal bulge, pelvic pressure, heaviness, tissue protrusion, need to splint for urination or bowel movements, worsening with standing or activity, relief with lying down, bleeding or irritation, impact on function):

Pelvic Pain / Bladder Pain Symptoms (suprapubic pain, pelvic pain, urethral pain, bladder pain, pain with filling, relief with voiding, dysuria, dyspareunia, flare triggers, duration, severity, associated bowel symptoms, prior treatments):

Bowel Symptoms (constipation, straining, incomplete evacuation, fecal urgency, fecal incontinence, gas incontinence, stool consistency, stool frequency, rectal pressure, splinting, hemorrhoids, rectal bleeding, bowel regimen):

Pelvic Floor Symptoms (tightness, weakness, spasms, difficulty relaxing, pain with intercourse, tampon intolerance, pelvic floor therapy history, home exercise adherence, response to therapy):

Sexual Health (dyspareunia, vaginal dryness, libido concerns, sexual activity, urinary leakage with intercourse, prolapse impact on intercourse, trauma history when relevant, patient goals for sexual function):

3c OBSTETRIC, DEVICE & TREATMENT HISTORY

Gynecologic / Obstetric History (menstrual status, menopause status, vaginal bleeding, hysterectomy history, parity, delivery routes, birth weights, operative deliveries, severe perineal tears, episiotomy, pelvic surgeries, endometriosis, fibroids, hormone therapy use):

Pessary History, if applicable (type and size, duration of use, comfort, retention, discharge, bleeding, odor, erosions, cleaning schedule, self-management ability, benefit, complications, need for refitting):

Prior Treatments (bladder training, pelvic floor physical therapy, Kegels, overactive bladder medications, vaginal estrogen, pessary, bulking agents, botulinum toxin, neuromodulation, sling surgery, prolapse repair, UTI prophylaxis, bowel regimen, response to each):

Medication and Allergy History (anticholinergics, beta-3 agonists, diuretics, vaginal estrogen, antibiotics, anticoagulants, constipation-inducing medications, over-the-counter products, supplements, adherence, side effects, allergies, access barriers):

Medical / Surgical History (diabetes, neurologic disease, spinal disease, multiple sclerosis, Parkinson disease, stroke, chronic cough, obesity, sleep apnea, constipation, inflammatory bowel disease, pelvic radiation, recurrent UTIs, kidney stones, prior pelvic or abdominal surgery, hysterectomy, sling, mesh, prolapse repair):

Fluid / Dietary Factors (daily fluid intake, caffeine, alcohol, carbonated beverages, artificial sweeteners, spicy or acidic foods, evening fluids, hydration pattern, dietary triggers):

Lifestyle and Functional Impact (exercise limitations, work impact, travel limitations, social avoidance, sleep disruption, pad or brief use, skin irritation, caregiver needs, mobility limitations, patient treatment goals):

Pertinent Negatives (denies gross hematuria, fever, flank pain, recurrent severe infection, urinary retention, severe pelvic pain, new neurologic deficit, postmenopausal bleeding, unexplained weight loss, rapidly worsening symptoms):

ROS UROGYNECOLOGY REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Stress leakage, urgency leakage, frequency, nocturia, dysuria, hematuria, or incomplete emptying	
Pelvic pressure, vaginal bulge, prolapse symptoms, splinting, or pelvic heaviness	
Recurrent UTIs, bladder pain, suprapubic pain, urethral pain, or urinary retention symptoms	
Constipation, fecal urgency, fecal incontinence, gas incontinence, rectal bleeding, or incomplete evacuation	
Vaginal dryness, dyspareunia, discharge, bleeding, irritation, or pessary-related symptoms	
Back pain, neurologic symptoms, weakness, numbness, or gait changes when relevant	
Fever, flank pain, nausea and vomiting, systemic infection symptoms, or acute urinary symptoms	
Anxiety, embarrassment, sleep disturbance, sexual health impact, or quality-of-life concerns	

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE	BLOOD PRESSURE
HEART RATE	RESPIRATORY RATE
OXYGEN SATURATION	HEIGHT

WEIGHT

BMI

PAIN SCORE, IF APPLICABLE

5a GENERAL & SYSTEMIC EXAMINATION

General Appearance (alertness, distress level, body habitus, mobility, comfort level, hydration status, overall clinical condition):

Cardiovascular (rate, rhythm, edema, pulses, perfusion, findings relevant to medication safety or surgical risk):

Pulmonary (respiratory effort, breath sounds, cough, wheezing, oxygen requirement, chronic cough-related findings):

Abdomen (tenderness, distension, masses, suprapubic tenderness, bladder distension, surgical scars, hernia, guarding, rebound, bowel-related findings):

Back / Flank (costovertebral angle tenderness, spinal tenderness, deformity, mobility limitations, neurologic-related findings):

5b PELVIC & PERINEAL EXAMINATION

External Genitalia / Vulva (tissue appearance, atrophy, lesions, irritation, erythema, lichenification, prolapse beyond introitus, urethral caruncle, discharge, skin breakdown, exam limitations):

Speculum Exam, if performed (vaginal mucosa, atrophy, discharge, bleeding, erosions, ulcerations, mesh exposure, cervix or vaginal cuff findings, prolapse compartments, pessary-related changes, chaperone use):

Bimanual Exam, if performed (uterine presence, size, position, tenderness; adnexal tenderness or masses; pelvic floor tenderness; levator tone; bladder tenderness; urethral tenderness; exam limitations):

Pelvic Organ Prolapse Exam (anterior, apical, and posterior compartment support; degree of prolapse; reducibility; Valsalva findings; standing exam if performed; POP-Q measurements if obtained):

Cough Stress Test, if performed (bladder volume if known, position, result, leakage observed or not observed, limitations):

Neurologic / Pelvic Reflexes, if assessed (perineal sensation, anal wink, bulbocavernosus reflex, lower extremity strength and sensation, gait, neurologic concerns):

Rectal Exam, if performed (sphincter tone, rectocele, stool burden, tenderness, masses, hemorrhoids, blood, exam limitations):

Skin (vulvar or perineal skin irritation, pressure areas, dermatitis, surgical scars, wounds, bruising, infection signs):

PF PELVIC FLOOR / PROLAPSE ASSESSMENT

6 PELVIC FLOOR & PROLAPSE FINDINGS

POP-Q measurements	
Prolapse compartment involvement: anterior / apical / posterior	
Prolapse stage	
Reducibility	
Stress incontinence with prolapse reduced, if assessed	
Pelvic floor tone	
Pelvic floor strength	
Levator tenderness or spasm	
Vaginal atrophy or tissue quality	
Mesh exposure or surgical changes	
Impact on voiding, bowel function, sexual function, and quality of life	

BV BLADDER / VOIDING ASSESSMENT

7 URINARY FUNCTION ASSESSMENT

Urinalysis results	
Urine culture status	
Post-void residual volume	
Bladder diary review	
Pad count or pad weight if used	
Cough stress test result	
Uroflowmetry if performed	
Urodynamic study findings if available	
Cystoscopy findings if performed or reviewed	
Hematuria evaluation status when relevant	
Voiding pattern, triggers, and functional limitations	

PS PESSARY ASSESSMENT, IF APPLICABLE

8 PESSARY EVALUATION & MANAGEMENT

Pessary type and size	
Indication	
Fit and retention	
Comfort and symptom improvement	
Removal and reinsertion details	
Vaginal tissue inspection	
Erosion, ulceration, bleeding, discharge, odor, or infection signs	
Cleaning performed	
Self-care ability and cleaning schedule	
Need for refitting, replacement, temporary removal, or vaginal estrogen	
Patient education and follow-up interval	

PR PROCEDURES PERFORMED, IF APPLICABLE

9 PROCEDURE DOCUMENTATION

Procedure name, indication, consent, chaperone use, anesthesia if used:

Technique, specimens obtained, and findings:

Patient tolerance, complications, aftercare instructions, and follow-up plan:

9a COMMON PROCEDURES

Pessary fitting	
Pessary cleaning, removal, or reinsertion	
Straight catheterization for post-void residual	
Urine culture collection	
Cough stress test	
Uroflowmetry	
Urodynamic testing	
Cystoscopy	
Bladder instillation	
Trigger point injection	
Endometrial biopsy if indicated	
Vulvar or vaginal biopsy	
Post-operative wound check	
Suture or mesh exposure evaluation	

ST SCREENING / ASSESSMENT TOOLS

10 STANDARDIZED TOOLS & INTERPRETATION

Pelvic Floor Distress Inventory _____

Pelvic Floor Impact Questionnaire _____

International Consultation on Incontinence Questionnaire _____

Overactive Bladder Questionnaire _____

Bladder diary _____

Urinary Distress Inventory _____

Incontinence Severity Index _____

Pelvic Organ Prolapse Distress Inventory _____

Female Sexual Function Index when used _____

Constipation or fecal incontinence questionnaire _____

Pain scale _____

PHQ-9 / GAD-7 when relevant _____

Social determinants of health screening _____

Score, result, interpretation, comparison to prior results, and limitations:

L LABORATORY AND DIAGNOSTIC RESULTS

11 RESULTS REVIEWED OR ORDERED

Urine Testing (urinalysis, urine culture, microscopy, hematuria evaluation, antibiotic sensitivities, urine cytology when indicated, prior culture trends):

Bladder / Urodynamic Testing (post-void residual, uroflowmetry, cystometrogram, pressure-flow study, urethral pressure profile, cystoscopy findings, bladder diary, pad testing):

Imaging (pelvic ultrasound, renal and bladder ultrasound, CT urogram, MRI pelvis, defecography, pelvic floor ultrasound, or imaging relevant to prolapse, retention, hematuria, stones, or pelvic pathology):

Gynecologic Testing (Pap and HPV results, endometrial biopsy, pelvic pathology, vaginal cultures, STI testing, biopsy results):

Bowel / Pelvic Floor Testing (anorectal manometry, colonoscopy, defecography, pelvic floor physical therapy evaluation, GI records):

Prior Records Reviewed (OB-GYN notes, urology records, operative reports, prior sling or prolapse repair records, mesh records, pelvic floor physical therapy notes, urine culture trends, imaging reports, medication history, outside records):

A ASSESSMENT

12 UROGYNECOLOGY CLINICAL INTERPRETATION

Primary urogynecology diagnosis or working diagnosis. Type of urinary incontinence: stress / urge / mixed / overflow / functional / continuous. Overactive bladder severity and triggers. Prolapse compartment, stage, and functional impact. Voiding dysfunction or retention concern. Recurrent UTI pattern and risk factors. Bladder pain syndrome or pelvic pain contributors. Bowel dysfunction, constipation, fecal incontinence, or rectocele contribution. Pelvic floor muscle weakness, overactivity, tenderness, or coordination issues. Vaginal atrophy, tissue quality, pessary tolerance, or post-operative status. Prior treatment response and patient goals. Need for conservative therapy, medication, pelvic floor physical therapy, pessary, procedure, surgery, imaging, urodynamics, cystoscopy, referral, or urgent escalation...

P PLAN

13 MANAGEMENT BY PROBLEM

Urinary incontinence plan (behavioral therapy, bladder training, pelvic floor muscle exercises, pelvic floor physical therapy, pessary or continence device, medication, bulking agent, sling discussion, surgical planning). Overactive bladder plan (bladder diary, fluid and caffeine modification, timed voiding, urgency suppression, pelvic floor therapy, medication options and side effects, third-line therapy discussion, follow-up). Voiding dysfunction plan (post-void residual monitoring, medication review, timed or double voiding, catheterization plan if needed, prolapse reduction assessment, urodynamics, cystoscopy, referral). Pelvic organ prolapse plan (observation, pelvic floor therapy, pessary fitting and

maintenance, vaginal estrogen if appropriate, surgical options, risks and benefits, recurrence counseling, activity guidance). Recurrent UTI plan (culture strategy, antibiotic stewardship, hydration, behavioral measures, vaginal estrogen when appropriate, prophylaxis discussion, imaging or cystoscopy indications, return precautions). Bladder pain or pelvic pain plan. Bowel dysfunction plan (fiber, hydration, stool regimen, toileting posture, pelvic floor therapy, GI referral, fecal incontinence management, rectocele planning). Pessary plan (fit, cleaning schedule, self-care education, vaginal tissue care, follow-up interval, replacement or refitting, precautions for pain, bleeding, discharge, or retention). Post-operative plan. Diagnostic plan. Medication plan (initiation, dose adjustment, discontinuation, refills, side effects, contraindications, anticholinergic burden, blood pressure considerations, adherence). Referral and care coordination. Patient education on diagnosis, pelvic floor exercises, bladder training, fluid and diet triggers, medication use, pessary care, surgical options, warning signs, and when to seek urgent or emergency care…

F FOLLOW-UP

14 REASSESSMENT PLAN

Follow-up timeframe and purpose (symptom reassessment, bladder diary review, medication response, pelvic floor therapy progress, pessary check, post-void residual recheck, urine culture review, urodynamic or cystoscopy review, surgical planning, post-operative follow-up, urgent return precautions):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

COUNSELING / EDUCATION TIME

PELVIC FLOOR COUNSELING TIME, IF APPLICABLE

PESSARY MANAGEMENT TIME, IF APPLICABLE

PROCEDURE TIME, IF APPLICABLE

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

E/M LEVEL: 99202–99205 / 99212–99215

PESSARY FITTING / MANAGEMENT CODE(S), IF APPLICABLE

URODYNAMIC TESTING CODE(S), IF APPLICABLE

CYSTOSCOPY CODE, IF APPLICABLE

CATHETERIZATION / POST-VOID RESIDUAL CODE(S), IF APPLICABLE

PROCEDURE CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MDM / PROCEDURE-BASED / DEVICE MANAGEMENT / TEST INTERPRETATION

PRIMARY UROGYNECOLOGY DIAGNOSIS CODE

SECONDARY URINARY / PROLAPSE / PELVIC FLOOR / BOWEL DIAGNOSIS CODE(S), IF APPLICABLE

SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: UROGYNECOLOGY / FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY

DATE

TIME

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