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B Med, Grad Dip Comp, M Ed, PhD, FRACS (Urology)

patient details sheet

1. Patient Details

Title *Mr* ☐ *Mrs* ☐ *Ms* ☐ *Miss* ☐ *Other* ☐

First name ☐ Known as ☐

Surname ☐ Date of birth / / Sex *Male* ☐ *Female* ☐

Address ☐ City ☐ Postcode ☐

Telephone *Home* ☐ *Work* ☐

Mobile ☐ *Email* ☐

Medicare No. ☐ *Expiry* /

Pension Status *None* ☐ *HCC* ☐ *Full DVA* ☐ *Limited DVA* ☐

Pension No. ☐ Veterans Affairs No. ☐

Next of Kin

Name ☐ Relationship ☐

Address ☐

Telephone *Home* ☐ *Work* ☐

Mobile ☐

2. Referring GP

Referral date / / Name ☐ *Telephone* ☐

Address ☐

3. Medical Details

Allergies ☐

Have you been diagnosed? *(please circle)* *Hep B* **Y / N** Hep C **Y / N** HIV **Y / N** MRSA **Y / N**

Non-smoker **Y / N**

Smoker **Y / N** *How long?* ☐ *No. per day* ☐ Ex-smoker **Y / N** *How long?* ☐ *No. per day* ☐

Drinker **Y / N** *No. per day?* ☐ Occupation ☐

Please complete all questions on the reverse of this page

3. Medical Details *(continued)*

Current medications	Past illness/operations

4. Medical Fund Details

Health Fund _____ Fund No. _____

The information detailed above is correct to the best of my knowledge

Patient signature _____ Date / /

International Prostate Symptom Score (IPSS) *(to be filled out by male patients)*

Please answer the following questions about your urinary symptoms.
Write your score for each question at the end of each row.

Over the past month, how often have you…	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always	Your Score
1. …had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	
2. …had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
3. …stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. …found it difficult to postpone urination?	0	1	2	3	4	5	
5. …had a weak urinary stream?	0	1	2	3	4	5	
6. …had to push or strain to begin urination?	0	1	2	3	4	5	
And finally…	**None**	**Once**	**Twice**	**Three times**	**Four times**	**Five times or more**	
7. …Over the past month, how many times did you most typically get up to urinated from the time you went to bed at night until the time you got up in the morning?	0	1	2	3	4	5	
Add up your total score and write it in the box.						**Total score**	