**IRC**

**Uterine Fibroid Embolization**

**Initial Encounter Form (to be filled out by patient)**

**Welcome to the IRC!** We are pleased to see you here and look forward to learning more about you and helping you decide if our solutions are right for you.

To help us determine your needs please take the next few minutes to fill out this form. Please answer every question, even if the answer is "I don't know"

**Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

You made this appointment because:

\_\_\_Your doctor told you to do so Name of referring doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_You heard about UFE and came here without a doctor telling you to do so.

 If so, how did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the #1 problem you are hoping to solve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

When were you first diagnosed as having uterine fibroids? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fibroids are quite common.** Not all women are bothered by them, but they can cause several problems. Please check **all** that apply to you

I have

\_\_\_Heavy periods

\_\_\_Pass clots during my period

\_\_\_Flood over my pads and/or tampons

\_\_\_Anemia

\_\_\_Painful periods

\_\_\_Pain during sex

\_\_\_Back pain

\_\_\_Leg pain

\_\_\_Bloating

\_\_\_Constipation

\_\_\_Frequent urination

\_\_\_Unable to control urine

\_\_\_Unable to start urine stream

How often to you get up at night to urinate? \_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have painful periods (or other pain) please rank the pain 0-10 with 0= no pain and 10 being the worst pain you can imagine 0 1 2 3 4 5 6 7 8 9 10

These symptoms have been getting worse for \_\_\_\_\_\_\_\_\_\_ months or \_\_\_\_\_\_ years

Have you had any treatments for your fibroids? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Period:**

Are your cycles regular, and if so, how long is your cycle? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How old were you when you first had a period? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the first day of your last period? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long does your period last? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many of those days are heavy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a heavy day you change your pad \_\_\_\_\_\_\_\_\_\_times and/or your tampon \_\_\_\_\_\_\_\_\_times

Do you bleed between your periods? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your OB history**

How many times have you been pregnant?

How many live births vaginally? \_\_\_\_\_\_\_\_\_\_\_\_\_How many live births by C-section? \_\_\_\_\_\_\_\_

How many miscarriages? \_\_\_\_\_\_\_\_\_ Abortions? \_\_\_\_\_\_\_\_ Ectopic pregnancies? \_\_\_\_\_\_\_\_\_\_\_

Do you plan to get pregnant in the future? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you sexually active? \_\_\_\_\_\_\_\_\_\_\_\_

What contraceptive do you use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your GYN history**

When was your last Pap smear? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Was it normal? \_\_\_\_\_\_\_\_\_\_\_

Have you ever had and endometrial biopsy? \_\_\_\_\_\_\_\_\_\_ Was it normal? \_\_\_\_\_\_\_\_\_\_\_\_

Have you had any surgery in your pelvis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been diagnosed with the following?

\_\_\_\_\_\_Pelvic inflammatory disease (PID)

\_\_\_\_\_\_Pelvic adhesions

\_\_\_\_\_\_Endometriosis

\_\_\_\_\_\_Adenomyosis

**Has anyone in your family had**

Cancer of the uterus: No one mother grandmother sister aunt

Cancer of the cervix No one mother grandmother sister aunt

Cancer of the ovary No one mother grandmother sister aunt

Uterine fibroids No one mother grandmother sister aunt

**Is there anything else you wish to discuss?**