



**New Patient Survey For Patients Visiting
The Men's Health Center for UroPlan Rehabilitation**

Clinic - (317) 564-5104

This brief questionnaire is for men enrolling in our 'UroPlan' pelvic floor rehabilitation program in anticipation of upcoming pelvic surgery (most commonly prostate or bladder removal). If this does not describe you, please return this questionnaire to our front desk. Thank you!

Name: _____

Age and Date of Birth: _____

1) What surgery are you scheduled to undergo? (Please circle one)

Prostate removal / Bladder removal

2) Do you currently use any tobacco or nicotine containing products? If yes, please list the product, the amount, and duration of use. (ex. Cigarettes, 1 pack per day for 20 years)

Yes / No

Product / amount / duration? _____

3) If do not currently use any tobacco or nicotine containing products, but used to, please list what you used to use, the amount, the duration, and when you stopped using. (ex. Cigarettes, 1 pack per day for 20 years, Quit 5 years ago)

Product / amount / duration? _____

4) How many alcoholic beverages do you think you have in an average week? (ex. 4 beers a week)

Amount: _____

5) Do you use any other substances that don't come from physician? (ex. marijuana)

Yes / No

If yes, please list: _____

6) Do you have diabetes?

Yes / No

If yes, please list medications you take for this and your most recent A1C level:

- _____
- _____

7) Do you have high blood pressure?

Yes / No

If yes, please list medications you take for this:

- _____

8) Do you have any history of heart disease, stroke, or other vascular disease?

Yes / No

If yes, please explain and list any medications you take for this. This should include any blood thinners like Plavix (clopidogrel), Xarelto (rivaroxaban), or Coumadin (warfarin):

- _____
- _____
- _____

9) Have you had any other surgeries in the pelvis or groin? (ex. hernia repair, bladder removal)

Yes / No

If yes, please explain: _____

10) Have you ever had your testosterone levels checked? If yes, how long ago and by whom? If yes, do you remember if the results were normal or not?

Yes / No

Explain: _____

11) Have you noticed a curvature to your erections that wasn't present when you were younger?

Yes / No

12) Are you taking any nitrate-containing medications? (examples include nitroglycerin for chest pain or the blood pressure medication isosorbide mononitrate)

Yes / No

If yes, please explain: _____

13) Are you taking any blood-thinning medication? (examples include aspirin, plavix, clopidogrel, coumadin, warfarin, xarelto, brilinta, ticagrelor)

Yes / No

If yes, please explain: _____

14) Do you have any difficulties with your erections currently?

Yes / No

15) What do you do for a living? If retired, what did you used to do?

• _____



New Patient Survey For Patients Visiting The Men’s Health Center for UroPlan Rehabilitation

Clinic - (317) 564-5104

SURGERY CANCELLATION & NO-SHOW POLICY

Thank you for choosing the **Men’s Health Center at Urology of Indiana** for your care. As part of our standard intake process, we ask all patients to review and acknowledge the surgical scheduling policy below. **Signing this form does not mean that surgery has been recommended or that a procedure is being scheduled.** It simply ensures that you are aware of our office policy in the event that a surgical procedure is recommended and scheduled in the future.

We understand that unforeseen circumstances—such as family emergencies or personal obligations—may occasionally require a patient to cancel or reschedule a planned surgery. If that situation arises, we respectfully ask that you provide as much advance notice as possible so that we may offer the surgical time to another patient in need of care.

To schedule, cancel or reschedule a surgery, please contact our office at: **(317) 807-0159**

PLEASE REVIEW THE FOLLOWING POLICY:

1. All surgical cancellations or reschedule requests must be made at least four (4) weeks (28 calendar days) prior to the scheduled surgery date.
2. Any cancellation made less than four (4) weeks before the scheduled surgery date will be documented as a policy violation and may be subject to a **\$500.00 cancellation fee**.
3. If you do not appear for your scheduled surgery without any prior notification, this will be documented as a “No-Show” and will also be subject to the **\$500.00 fee**.
4. After a first policy violation, you will receive a phone call or written notice as a courtesy reminder of this policy. Please note that repeated violations may limit our ability to schedule future procedures on your behalf.
5. Chronic no-shows or repeated late cancellations may result in dismissal from the surgical schedule and potential termination of the patient–provider relationship.

By signing below, I acknowledge that I have read and understand the Urology of Indiana “**Surgery Cancellation & No-Show Policy**.” I understand that this policy will apply if a surgical procedure is scheduled for me at any point during my care with this practice.

Patient Name

Date of Birth

Date

Patient Signature (or Parent/Guardian if Minor)

Date

Thank you for your understanding and cooperation as we strive to best serve the needs of our patients.