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Pre-Surgical Questionnaire

Name

Address

City _____ State _____ Zip _____

E-Mail _____

Phones

Home _____ Cell _____

Work _____ Fax _____

Dates

Date of Birth _____

Today's Date _____ Date of Surgery _____

Please list all allergies:

Have you ever been abused? Check all that apply

Emotionally Physically Sexually I was not abused

Are you aware of any additions or corrections to the medical information we have collected?

Please rate the quality of life as you are experiencing it now:

Awful Poor Fair Good Terrific

Symptoms

Rate the degree of symptoms you have experienced. Choose one box for each symptom. Crippling pain is so bad it keeps you from performing daily tasks or severely limits activity at least one day per month.

Pelvic Pain (not during menses)

Does not apply slight moderate severe crippling

Menstrual Cramps

Does not apply slight moderate severe crippling

Pain with deep penetration during intercourse

Does not apply slight moderate severe crippling

Pain during bowel movements

Does not apply slight moderate severe crippling

Constipation

Does not apply slight moderate severe crippling

Diarrhea

Does not apply slight moderate severe crippling

Intestinal cramping

Does not apply slight moderate severe crippling

Bladder Pain

Does not apply slight moderate severe crippling

Pain with exercise

Does not apply slight moderate severe crippling

Backache

Does not apply slight moderate severe crippling

Tenderness on Pelvic Exam

Does not apply slight moderate severe crippling

Fertility and Pregnancy

Have you ever had unprotected intercourse for six months or longer? yes no

Have you ever been pregnant? yes no

If yes, number of pregnancies: _____ the outcomes were:

Live births Miscarriages Stillbirths Abortions

Have you ever tried to conceive? Yes, for _____ months No.

Thank you

Updated June 9, 2010