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Adam S. Holzberg, D.O.

Welcome to Rowan Medicine Urogynecology & Pelvic Surgery. We are pleased that you have been referred to our office for your Urogynecology needs. Your scheduled appointment with <u>**Dr. Holzberg**</u> is on ______ at _____ am/pm. Please arrive 15-20 minutes prior to your scheduled appointment unless you have been told otherwise. We often have additional paperwork for you to fill out in order to meet your healthcare needs.

Before your first visit, Please:

- Complete the enclosed questionnaires, and bring them to your first visit.
- Arrive 15 minutes PRIOR to your appointment to complete additional paperwork.

Also keep in mind:

- Come to your first visit with a partially full bladder: Let the receptionist know if you are uncomfortable on arrival.
- Initial Examination: A pelvic examination is usually performed during the first visit. If indicated other bladder testing may also be performed (e.g. urine culture, post-void residual).
- **Canceling or Rescheduling:** In the event you need to cancel or reschedule your appointment, please call (856) 566-2710 as soon as possible.
- Late Arrival: In the event you may be late, please call (856) 566-2710 and let the office know. We cannot guarantee your visit if you arrive more than 15 minutes late.
- **Billing Policy:** All billing is handled by the Professional Business Office at Rowan Medicine. If your insurer requires co-payment, you will be required to pay this at the time of service. For billing or insurance questions, please contact the billing office: (856) 770-5738
- **Insurance/Referral:** Please bring you insurance card, and if necessary please contact your primary care physician's office for your insurance referral or you may be responsible for payment in full. Referrals should be made out to Rowan Medicine / Urogynecology and Pelvic Surgery
- **Consultation Request:** Please bring a request from your referring doctor for a consultation as well as a diagnosis of why you are being referred. This can be faxed directly to our office or brought in with you on the day of your appointment. This is not an insurance referral. It is required by our office for billing purposes if you were asked to see us by another practitioner.
- **Records:** Any records that pertain to your condition and you think might be helpful should be brought in at the time of your appointment. This could include labs, tests, other doctor visits as well as reports from previous surgery.
- RowanMedicine Patient Portal: Accessible by this link <u>sompatients@rowan.edu</u> offers patients personalized and secure on-line access to portions of their medical records. It enables you to securely use the Internet to help manage and receive information about your health. With the patient portal, you can use the Internet to: request medical appointments, view your health summary electronic health record, view test results, request prescription renewals, access trusted health information resources, and communicate electronically and securely with your medical care team.
- We welcome your feedback: If you have any suggestions on how we might improve our practice and/or better serve you, don't hesitate to contact us.



Driving Directions

FROM THE NORTH:

- Take the New Jersey Turnpike to Exit 4 to Route 73 North to Route 295 South.
- Follow Route 295 South to Exit 29. Turn left onto access road to Route 30.
- At light turn left onto Route 30 East (White Horse Pike).
- Follow directions from Route 30 below.

FROM THE SOUTH:

- Follow Route 295 North to Exit 29A to Route 30.
- Follow directions from Route 30 below.

FROM ROUTE 30:

- Follow Route 30 East (and the blue hospital signs) for 3.3 miles to the traffic light at Laurel Road.
- Turn right onto Laurel Road. Take first left into the School of Osteopathic Medicine Complex and continue straight into Lot A for patient/visitor parking.

Public Transportation

NJISA is also accessible through regional rail. The <u>PATCO Speedline</u> and the <u>Atlantic City Rail</u> <u>Line</u> serve the Stratford Campus through the Lindenwold Station. The station is approximately a half mile, less than a 10-minute walk, from our campus.



About Our Center

Adam S. Holzberg, D.O. - Dr. Holzberg is currently the Professor and Chair of the Department of Obstetrics & Gynecology at Rowan University School of Osteopathic Medicine. Prior to this, Dr. Holzberg served as the Division Head of Female Pelvic Medicine & Reconstructive Surgery (Urogynecology) at Cooper University Hospital for over 10 years. He completed his B.A. at Rutgers University and attended medical school at the New York College of Osteopathic Medicine of the New York Institute of Technology. He completed both his residency in Ob/Gyn and fellowship in Female Pelvic Medicine and Reconstructive Surgery (Urogynecology) at Cooper University Hospital and is double boarded in both fields. Dr. Holzberg has published several scientific articles and has lectured both nationally and internationally in the field of Urogynecology.

Dr. Holzberg serves as the Secretary to the Board and a founding board member of International Health Care Volunteers, a charitable organization concerned with women's health care worldwide. He has practiced in southern New Jersey for over 20 years and has surgical privileges at Jefferson Health-New Jersey, Virtua Health System, Cooper University Health Care and Inspira Health.

Our Medical Students, Residents and Fellows: We are home to a highly regarded medical school, Rowan University School of Osteopathic Medicine. There will be times when Dr. Holzberg has medical students, residents and/or fellows in the office with him. These students and physicians in training can be an integral part of your care as they assist your physician. They at times will see you along with your physician at your initial visit, and also during testing, follow-up and postoperative care. If at any time you choose not to desire them to partake in your care, please just let us know.



What is a Urogynecologist?

A Urogynecologist is an Obstetrician/Gynecologist who has specialized in the care of women with Pelvic Floor Dysfunction. The Pelvic Floor is the muscles, ligaments, connective tissue, and nerves that help support and control the rectum, uterus, vagina, and bladder. The pelvic floor can be damaged by childbirth, repeated heavy lifting, chronic disease or surgery.

Some problems due to Pelvic Floor Dysfunction and their symptoms are:

1. Incontinence: Loss of bladder or bowel control, leakage of urine or feces.

2. *Prolapse*: Descent of pelvic organs; a bulge and/or pressure; 'dropped uterus, bladder, vagina or rectum.'

3. Emptying Disorders: difficulty urinating or moving bowels.

4. *Pelvic (or Bladder) Pain*: Discomfort, burning or other uncomfortable pelvic symptoms, including bladder or urethral pain.

5. *Overactive Bladder*: Frequent need to void, bladder pressure, urgency, urgency incontinence or difficulty holding back a full bladder.

What Kind of Training Does a Urogynecologist Have?

Urogynecologists have completed medical school and a four-year residency in Obstetrics and Gynecology. These doctors become specialists with additional training and experience in the evaluation and treatment of conditions that affect the female pelvic organs, and the muscles and connective tissue that support the organs. The additional training focuses on the surgical and non-surgical treatment of non-cancerous gynecologic problems.

When Should I See a Urogynecologist?

Although your primary care physician or Ob/Gyn may have knowledge about these problems, a Urogynecologist can offer additional expertise. You should see (or be referred to) a Urogynecologist when you have problems of prolapse, and/or troublesome incontinence or when your primary doctor recommends consultation. Other problems for which you or your doctor might think about consulting a Urogynecologist include: problems with emptying the bladder or rectum, pelvic pain, and the need for special expertise in vaginal surgery.

What Treatment Options are Available from a Urogynecologist?

A Urogynecologist can recommend a variety of therapies to cure or relieve symptoms of prolapse, urinary or fecal incontinence, or other pelvic floor dysfunction symptoms. He or she may advise conservative (non-surgical) or surgical therapy depending on your wishes, the severity of your condition and your general health. Conservative options include medications, pelvic exercises, behavioral and/or dietary modifications and vaginal devices (also called *pessaries*). Biofeedback and Electric Stimulation are two newer treatment modalities that your Urogynecologist may recommend. Safe and effective surgical procedures are also utilized by the Urogynecologist to treat incontinence and prolapse. He or she will discuss all of the options that are available to treat your specific problem(s) before you are asked to make a treatment decision.



INITIAL VISIT QUESTIONNAIRE

Name:	Date of Birth:		
Your referring Physician:	Your Primary Physician:		
Name	Name	_	
Address	Address	_	
Phone	Phone	_	
Fax	Fax	_	
Your Gynecologist:			
Name			
Address			
Phone			
Fax			

ALLERGIES

Do you have any drug allergies? □YES □NO Please list which drugs you are allergic to and what happens when you take them:

Drugs	Reactions

MEDICATIONS



LIST ALL MEDICATIONS INCLUDING OVER THE COUNTER VITAMINS AND HERBALS

START	MEDICATION	DOSAGE	FREQUENCY	STOP



Obstetric & Gynecologic History

Gynecologic History

	Menopausal Symptoms:
	Age of menopause yrs.
Menstrual History Age at Menarche <i>(first period) yrs.</i>	□None □Hot flushes □Sweats
Last menstrual period:	□Anxiety □Depression □Vaginal dryness
Previous menstrual period:	Mood swings
Average cycle length: days	□Dyspareunia □Urinary urgency □Insomnia
Average length of menses:	□Libido changes
Amount of flow: □Light □Moderate □Heavy	
Regular menstrual cycles:	
Associated symptoms:	
□Cramping □Sweating □Headache □Swelling □Diarrhea	
Pregnancy History	
Number of pregnancies C/S	Vaginal
Number of term deliveries	
Number of pre-term deliveries	
Number of miscarriages	
Number of abortions	



Urogvnecologv & Pelvic Surgerv

Past Medical History

Abnormal Pap Smear	Colon Cancer	Herniated Disc	Ovarian Cancer
Abnormal Uterine Bleeding	□C.O.P.D.	□Hyperlipidemia	□Ovarian Cyst
Anal Incontinence	C.R.F.	Hypertension	□Painful Periods
□ Anxiety	C V A / Stroke	Inflammatory Bowel Disease	Parkinson's Disease
□Asthma	Depression	□Interstitial Cystitis	□Pelvic Pain
Back Injury	DVT	□Irritable Bowel Syndrome	□Post-Menopausal Bleeding
Bladder Infection	Diabetes-Type 1	Kidney Cancer/Renal Cell Carcinoma	□Prolapse
Bladder Stones	Diabetes-Type2	□Kidney Disease	□Sciatica
□Breast Disease	Emphysema	□Kidney Stone	□Spinal Stenosis
□Cancer	Endometriosis	Liver disease	□STD/PID
Cervical Cancer	Fibroids	Lower Back Pain	Urinary Incontinence (Leaking)
Chronic Constipation	Fibromyalgia	☐Menopause	U T I-Recurrent
Chronic Cough	□Glaucoma	□Multiple Sclerosis	Uterine Cancer
	GYN Surgery	□Neurological Disorder	□Vulvar Cancer

Other_____

Past Surgical History

Unremarkable	□Cholecystectomy	□Oophorectomy	Anesthesia Problem-No
□Abd Surg-type		Dovarian Cyst Removal	□Anesthesia Problem-Yes
	Colon Resection	□POP Surgery	□Surgical Complications-No
Appendectomy	Cone Biopsy	□Rectal Surgery	□Surgical Complications-Yes
Breast Biopsy	Cystoscopy BOD	□SAB D&E (Miscarriage)	□Post-Op delinum
□Breast Surgery	Cystoscopy BOD w/biopsy	□TAB D&E (Abortion)	
Bronchoscopy	Gastric Bypass	TAH w/BSO (Abdominal	
□CABG	Hernia Repair	hysterectomy with Ovaries)	
Cardiac Surgery	Laparoscopic Robotic/ Hysterectomy	TAH (Abdominal hysterectomy)	
Carpal Tunnel	Lumpectomy	Thyroidectomy	
Cesarean Section	Mastectomy	U.P.P.P	
		□Urinary Incontinence Surgery	
		□Vaginal Hysterectomy	

Other_____



Family History

Family History

□FH Unknown

No Known Family History
 DNo Known Relative

□FH Breast Cancer/Relative
FH Colon Cancer/Relative
General Content of the second se
FH Heart Disease/Relative
FH Hypertension/Relative
FH High Cholesterol/Relative
□FH Kidney Renal Disease/Relative
□FH Lung/Resp Disease/Relative
FH Osteoporosis/Relative
FH Seizures/Relative
□FH Severe Allergies/Relative
FH Stroke/CVA/Relative
FH Thyroid Disorder/Relative
FH Other Cancer/Relative

FH Multiple Sclerosis/Relative
FH Cervical Cancer/Relative
FH Headaches/Relative
FH Lung Cancer/Relative
FH Melanoma/Relative
□FH Ovarian Cancer/Relative
FH Psychiatric Care/Relative
FH Uterine Cancer/Relative
□FH Weight Disorder/Relative
FH Other Medical Problems/Relative
FH P M S/Relative
FH Endometriosis/Relative

Social History

Smoking Status:	OCurrent	OFormer	ONever	OUnknown
□Drug Use – yes □Drug Use – no □Alcohol Use-yes □Alcohol Use-no □Passive Smoke-yes □Passive Smoke- no		□Sexually Active-Yes □Partners-Male □Partners-Female □Alcohol Use-no □HIV/High Risk-yes □HIV/High Risk-no		



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□Constipation □Excessive heavy periods □Dark tarry stools			□Lack of sexual drive	
Dark tarry stools		-	Excessive heavy periods	
			□Missed Periods	
			Unusual urinary color	



•Neuro Complaints of:	•Endo Complaints of:	•Heme Complaints of:	•Allergy Complaints of:
□Tremors	□Excessive hunger	□Enlarged lymph nodes	□Persistent infections
Difficulty with Concentration	□Cold intolerance	□Bleeding	□Hives or rash
□Poor balance	□Heat intolerance	□Skin discoloration	□Seasonal allergies
□Headaches	□Changes in nail beds	□Abnormal bruising	□Drug allergies
Disturbances in coordination	□Excessive urination	□Fevers	□Contact allergies
□Numbness	□Excessive thirst		□Food allergies
□Inability to speak	Diabetes		□HIV exposure
□Falling down	□Hypothyroid		
	□Weight change		
□Brief paralysis			
□Visual disturbances			
□Seizures			
□Weakness			
□Sensation of room spinning			



(VISIT INFO)

Which of the following symptoms are bothering you? <u>Check all that apply:</u>

Urinary	□Urinary Incontinence □Urinary burning/pain	 Frequent Urination Frequent bladder infection 	 Nighttime Voiding Difficulty Emptying bladder 	□Urgency to Urinate
Vaginal	□Vaginal/Uterine Prolapse □Vaginal Dryness	□Vaginal or Vulvar Pain □Vaginal or Vulvar itching	Vaginal Bleeding	□Vaginal Discharge
Bowel	Accidents involving stool	Accidents involving gas	□Constipation	
Sexual	□Decreased Satisfaction	Painful Intercourse		
Other	 Pelvic Pain Back Pain 	□Bladder Pain	□Rectal Pain	□Abdominal Pain
Which ONE symptom is MOST bothersome?				



PROBLEMS - How long have these problems been present?

- $\hfill\square$ Less than 1 month
- \Box 1-6 months
- \square 6-12 months
- □ 1-2 years

- □ 3-5 years
- □ 6-10 years
- $\hfill\square$ More than 10 year

Have you had any prior treatments for these problem(s)?

No prior treatments	\Box Overactive bladder medication
□Antibiotics for frequent bladder infections	□ Kegel exercises
\Box Physical therapy for the pelvic floor	Vaginal Estrogen Therapy
\Box Surgery for urinary incontinence	\Box Surgery for prolapse (vaginal bulge)
\Box Medication for pelvic or vaginal pain	Pessary
□Stool Softeners	Laxatives
\Box Botox (for bladder or pelvic symptoms)	\Box Interstim ("bladder pacemaker")
\Box Acupuncture (bladder or pelvic symptoms)	Urethral Injections
□Urethral injections	□Other

Bladder installations (medicine put into the bladder)

What are your goals in seeking our help (check all that apply)?

	-						
□Improve my bladder con	trol 🗌	Decrease day	ytime urinati	on			
Decrease Nighttime Urir	ation 🗌	\Box Reduce urinary (bladder) infections					
□ Fix my prolapse (vaginal	bulge) 🗌	Reduce my vaginal prolapse symptoms					
□Improve my bowel contr	ol 🗌	Reduce constipation and difficulty having bowel movement					
□Improve sexual function		Reduce pain	in pelvis, bla	dder, vagina			
□Other							
How often are you urina	iting (# hours b	etween day	vtime voids)	?			
\Box Less than 1 hour \Box	Lhour 🗌 2 ho	ours 🗆 3	hours 🗌 4	hours 🛛 5 hours			
☐ More than 5 hours							
How many times do you	wake at night	to urinate?					
□0 □1 □2	□3	□4	□5	☐More than 5 times			
During an average day, l	now many pad	s or diapers	do you use	?			
□ 0	□ >5						
□ 1-2							
□ 3-4							



How often do you leak urine?

□Never
\Box About once a week or less often
\Box 2-3 times a week
\Box About once a day
\Box Several times a day
\Box All the time

How much urine do you usually leak?	(Whether you wear protection or not)
-------------------------------------	--------------------------------------

□ None □/	A small amount	🗆 A moderate amount	🗆 A large amount
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Overall, how much c	loes leaki	ng urine i	nte	erfere wit	h your	everyday	life?	Please	circle a
number between 0 ((not at all)	and 10 (a g	reat deal)	:				

0 Not at all	1	2	3	4	5	6	7	8	9	10 A great deal
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When does the urine leak? (Please check all that apply)

□Never – urine does not leak	\square Leaks before you can get to the toilet
\Box Leaks when you cough or sneeze	\Box Leaks when you care asleep
\Box Leaks when you are physically active/exercising	\square Leaks when you stand up after urinating
\Box Leaks for no obvious reason	\Box Leaks all the time

Check the one category that best describes how your urinary symptoms are now

Normal	□Mild	Moderate	□Severe