Rowan Medicine

Urogynecology & Pelvic Surgery

42 E. Laurel Road * Suite 1300 * Stratford, NJ 08084
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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 ***Dr. Holzberg*** 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 University/Cooper Urogynecology Assoc.
- **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** sompatients@rowan.edu 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 **PATCO Speedline** and the **Atlantic City Rail Line** 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.

Urogynecology & Pelvic Surgery

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.

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INITIAL VISIT QUESTIONNAIRE

Name: _____ **Date of Birth: _____**

Your referring Physician:

Name _____
Address _____
Phone _____
Fax _____

Your Primary Physician:

Name _____
Address _____
Phone _____
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

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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

☐None
☐Hot flushes
☐Sweats
☐Anxiety
☐Depression
☐Vaginal dryness
☐Mood swings
☐Dyspareunia
☐Urinary urgency
☐Insomnia
☐Libido changes

Age at Menarche *(first period)* ☐ ***yrs.***

Last menstrual period: ☐

Previous menstrual period: ☐

Average cycle length: ☐ **days**

Average length of menses: ☐

Amount of flow: ☐**Light** ☐**Moderate** ☐**Heavy**

Regular menstrual cycles: ☐**Yes** ☐**No**

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_____

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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	☐D V T	☐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	☐Colonoscopy	☐Ovarian Cyst Removal	☐Anesthesia Problem-Yes
☐Angioplasty	☐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 hysterectomy with Ovaries)*	
☐CABG	☐Hernia Repair	☐TAH *(Abdominal hysterectomy)*	
☐Cardiac Surgery	☐Laparoscopic Robotic/ Hysterectomy	☐Thyroidectomy	
☐Carpal Tunnel	☐Lumpectomy	☐U.P.P.P	
☐Cesarean Section	☐Mastectomy	☐Urinary Incontinence Surgery	
		☐Vaginal Hysterectomy	

Other_____

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Family History

Family History

☐FH Unknown ☐No Known Family History ☐No Known Relative

☐FH Breast Cancer/Relative_____
☐FH Colon Cancer/Relative _____
☐FH Diabetes/Relative _____
☐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: **○Current** **○Former** **○Never** **○Unknown**

☐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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•General Complaints of:	•Eyes Complaints of:	•ENT Complaints of:	•CV Complaints of:
☐Fever	☐Vision Loss – 1 eye	☐Ringing in the ears	☐Varicose Veins
☐Chills	☐Double vision	☐Ear discharge	☐High Blood Pressure
☐Headache	☐Eye irritation	☐Ear ache	☐Difficulty breathing at night
☐Sweats	☐Vision loss – both eyes	☐Decreased hearing	☐Near fainting
☐Anorexia	☐Blurring	☐Nasal congestion	☐Chest pain or discomfort
☐Fatigue	☐Eye Pain	☐Nose bleeds	☐Fatigue
☐Weakness	☐Halos	☐Difficulty swallowing	☐Lightheadedness
☐Malaise	☐Discharge	☐Hoarseness	☐Shortness of breath with no exertion
☐Weight Loss	☐Light sensitivity	☐Sore Throat	☐Palpitations
☐Sleep Disorder			☐Swelling of hands or feet

•Resp Complaints of:	•GI Complaints of:	•GU Complaints of:	•GU Complaints of:
☐Sleep disturbances due to breathing	☐Excessive appetite	☐Foul urinary discharge	☐Other abnormal vaginal bleeding
☐Frequent cough	☐Loss of Appetite	☐Blood in Urine	☐Pelvic Pain
☐Shortness of breath	☐Indigestion	☐Urinary frequency	
☐Coughing up blood	☐Vomiting blood	☐Inability to empty bladder	
☐Chest discomfort	☐Nausea	☐Urinary urgency	
☐Wheezing	☐Vomiting	☐Kidney pain	
☐Excessive sputum	☐Yellowish skin color	☐Trouble starting urinary stream	
☐Excessive snoring	☐Gas	☐Painful urination	
	☐Abdominal Pain	☐Night time urination	
	☐Abdominal bloating	☐Inability to control bladder	
	☐Hemorrhoids	☐Genital sores	
	☐Diarrhea	☐Lack of sexual drive	
	☐Change in bowel habits	☐Excessive heavy periods	
	☐Constipation	☐Missed Periods	
	☐Dark tarry stools		

		☐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		
☐Tingling	☐Weight change		
☐Brief paralysis			
☐Visual disturbances			
☐Seizures			
☐Weakness			
☐Sensation of room spinning			

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(VISIT INFO)

Which of the following symptoms are bothering you? *Check all that apply:*

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?				

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PROBLEMS - How long have these problems been present?

- □ Less than 1 month
- □ 1-6 months
- □ 6-12 months
- □ 1-2 years
- □ 3-5 years
- □ 6-10 years
- □ More than 10 year

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

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

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

☐Improve my bladder control
☐Decrease
☐Fix my prolapse (vaginal bulge)
☐Improve my bowel control
☐Improve sexual function
☐Other_____
☐ Decrease daytime urination
☐ Reduce urinary (bladder) infections
☐ Reduce my vaginal prolapse symptoms
☐ Reduce constipation and difficulty having…
☐ Reduce pain in pelvis, bladder, vagina

How often are you urinating (# hours between daytime voids)?

☐Less than 1 hour ☐1 hour ☐ 2 hours ☐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, how many pads or diapers do you use?

- □ 0
- □ 1-2
- □ 3-4
- □ >5

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How often do you leak urine?

☐Never
☐About once a week or less often
☐2-3 times a week
☐About once a day
☐Several times a day
☐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

Overall, how much does leaking urine interfere with your everyday life? Please circle a number between 0 (not at all) and 10 (a great deal):

0 Not at all 1 2 3 4 5 6 7 8 9 10 *A great deal*

When does the urine leak? (Please check all that apply)

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

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

☐ Normal ☐Mild ☐ Moderate ☐Severe