

**FIBROID CENTER OF PENNSYLVANIA
INTERVENTIONAL ASSOCIATES
UTERINE FIBROID EMBOLIZATION**

PATIENT INFORMATION

Name: _____ **Date of Birth:** _____
Telephone: Home: _____ Work: _____ Cell: _____
MR#: _____ Referring Physician: _____
Consultation with Doctor: _____

STUDIES:

_____ Ultrasound: Date: _____ Location: _____ Phone #: _____
_____ MRI Date: _____ Location: _____ Phone #: _____
_____ End Biopsy: Date: _____ Location: _____ Phone #: _____

Reports Received:

_____ Ultrasound
_____ MRI
_____ Endometrial Biopsy

Lab Work: _____

Procedure Scheduled: _____

Choice of Anesthesia:

Insurance Information:

1. _____ Percent #: _____
ID#: _____ GR#: _____ Benefits: _____
Referral required Y/N appr. required Y/N spoke with _____ Date: _____
Eff. Date: _____ Auth#: _____

2. _____ Percent #: _____
ID#: _____ GR#: _____ Benefits: _____
Referral required Y/N appr. required Y/N spoke with _____ Date: _____
Eff. Date: _____ Auth#: _____

Other:

Fibroid Data Form

Interviewer: _____

Date: _____

Patient: _____

Patient ID#: _____

Clinical History:

Age: _____ **Age of Menarche:** _____

Pregnancy Hx: _____

HPI: _____

Prior Other Gyne Surgery: _____

Ultrasound / MRI Findings (Date): _____

Uterine Volume: _____

Dominant Fibroid (s) Size and Location: _____

Endometrial Biopsy Date: _____

Result: _____

Cervical Cultures Date: _____

Result: _____

CBC Date: _____

Result: _____

Other Medical History:

PMH

ROS

Medical Illnesses: _____

HEENT: _____

Heart: _____

Surgery: _____

Lungs: _____

GI: _____

Allergies: _____

GU: _____

Medications: _____

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Registration Data:

Name: _____ Date: _____

Date of Birth: _____ SS#: _____

Age: _____ Marital Status: S D W S

Address: _____

Daytime Phone #: _____ Evening Phone #: _____

Occupation: _____ Children: _____

Referring MD: _____ Phone #: _____

Other MD's: _____

Emergency Contact: _____

Relationship: _____ Phone #: _____

Primary Insurance: _____

Group #: _____ Individual ID #: _____

Precertification #: _____

Primary Insurance: _____

Group #: _____ Individual ID #: _____

Precertification #: _____

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UTERINE FIBROID EMBOLIZATION BASELINE QUESTIONNAIRE

Patient Name: _____ **Date:** _____

Pt. MR#: _____

Symptom Status

Menstrual Bleeding:

How would you describe the amount of menstrual bleeding that you now have:

_____ Heavy _____ Normal _____ Light _____ No periods

If it is heavy, how would you describe the severity of the bleeding? (Circle the most appropriate)

Not very severe		Moderately Severe		Very Severe
1	2	3	4	5

Pelvic pain and/or pressure, urinary pressure:

Were pain, pelvic discomfort or urinary pressure a significant part of your symptoms?

_____ Yes _____ No

What symptoms are you experiencing:

_____ Painful cramps during periods

_____ Pelvic, back, or leg pain or pressure at times other than during periods

_____ Frequent urination

_____ Other, please explain

How severe are these symptoms when taken together (circle the most appropriate number)

Not very severe		Moderately Severe		Very Severe
1	2	3	4	5

Impact:

On the scale of 1 - 10 below, please circle the number that most closely corresponds to the impact that your fibroid-related symptoms are having on your daily activities and overall quality of life.

No impact		Mild Impact		Moderate Impact		Substantial Impact		Severe Impact	
1	2	3	4	5	6	7	8	9	10

UTERINE FIBROID EMBOLIZATION BASELINE QUESTIONNAIRE

CONTINUED

Overall Health Status:

On the scale of 1 to 100 given below, with zero equal to the worst possible health and 100 being perfect health, mark an X at a value that you think most closely reflects your overall health, including consideration of the symptoms caused by your fibroids.



Pregnancy:

Have you been pregnant in the past? _____ Yes _____ No

If yes, how many times: _____

How many children do you have? _____

Which of the following statements most accurately reflects your feelings regarding future pregnancy?

_____ I am past the age of potential pregnancy (>45)

_____ I have had a tubal ligation

_____ I am not interest in future pregnancy

_____ I may be interested in future pregnancy, but I am not now trying to become pregnant

_____ I am interested in pregnancy and I am actively trying to become pregnant

Comments regarding pregnancy: _____

Thank you for your assistance