Oregon Health & Science University
Hospitals and Clinics
Center for Women's Health

OC4501

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

UTERINE FIBROID PROGRAM
PATIENT INTAKE

Who provides your usual gynecologic care? _____

How did you hear about the OHSU CWH Fibroid Program? _____

When were you *first* told you had fibroids? _____

Do you have symptoms due to your fibroids? ☐ Yes ☐ No

If yes, what symptom is most bothersome? _____

Have you had any treatment for your fibroids? ☐ Yes ☐ No

If yes, what have you used/done? _____

Periods/Bleeding:

Do you think you have abnormal bleeding? ☐Yes ☐No (if no, skip to next section)

If yes, how long has this been a problem? _____

Have you ever been told you were anemic? ☐ Yes ☐ No

If yes, when? _____

Have you ever required blood transfusion because of vaginal bleeding? ☐Yes ☐No

If yes, when? _____

How much of a problem is your bleeding?

0 1 2 3 4 5
(None) (Severe)

Pain:

Do you have pain related to your fibroids? ☐Yes ☐No (if no, skip to next section)

If yes, how long has this been a problem? _____

When do you have pain?

☐ with your period
☐ with intercourse
☐ all of the time

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

How severe is your pain?

0 1 2 3 4 5
(None) (Severe)

Do you have any of these other symptoms (please check all that apply): ☐none of these

☐Urinary problems ☐Abdominal fullness, bloating or pressure
☐Bowel problems ☐Other (please list): _____

How severe is your overall discomfort from these symptoms?

0 1 2 3 4 5
(None) (Severe)

Demographics and Background:

Race (please circle): ☐ White/Caucasian ☐ Black/African American ☐ Asian
Other_____

Ethnicity: Hispanic ☐ Yes ☐ No

Have you tried to get pregnant but not been able to? ☐ Yes ☐ No

Have you received help/treatment to get pregnant before? ☐ Yes ☐ No

Have you ever had a pregnancy with problems? ☐ Yes ☐ No

Do you plan to have children in the future? ☐ Yes ☐ No

Have you ever had a pelvic surgery, such as a cesarean section? ☐ Yes ☐ No

If yes, what was the surgery and what was it for? _____

Have you ever had a pelvic infection? ☐ Yes ☐ No