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Dear New Patient :

Welcome to my office ! I look forward to helping you recover your health and well-being. Please fill out the registration form, HIPAA form, financial form, and the 2 page medical history form. If you have time, you may also complete the pelvic health questionnaire in the waiting room. Your visit will take place in the examining room in 3 parts –

We discuss your history and clinical concerns

We do an examination

We sum up- this is the time to include family or friends who may have come with you to the office.

For more information, please read the office policy below.

Given that most new patients require time to review their frequently complicated histories and to fully educate and explain their condition and treatment options, I allow 1 hour for new patients, and take pains to avoid overbooking.

1. Patients are greeted at the desk and given forms to complete. Forms included Notice of Privacy Practices, Acknowledgement explanatory letter and standard review and acceptance page for patient signature, 1 page financial policy form, 1 page registration form, 2 page medical questionnaire, and 5 page pelvic function questionnaire.

2. Patients are escorted to the exam room. Bladder is emptied or left full depending on the nature of the urogynecologic condition(s) to be evaluated and / or patient's level of discomfort and bladder fullness. The patient undresses waist down with a half-sheet to wrap around at waist level, and clinical staff then check and record height, weight and blood pressure. The patient sits upright or as comfortable on the exam table.

3. I join the patient in the consultation exam room, and sit on the exam stool in front of the seated and sheet-covered patient reviewing the history, any prior records and documentation available.

4. Consultation physical examination takes place. Given the nature of my specialty, this often includes examination seated, supine and standing. Urine sample is obtained as needed.

5. After the examination further discussion and education takes place, using illustrations as appropriate. Typically, several treatment options are appropriate for consideration and each is explained to the patient. This is the point at which family or friends join the discussion, coming into the exam room once the patient is seated and fully covered.

6. A comprehensive consultation report is generated, sent to referring and other patient – listed physicians and to the patient directly. This is sent to all physicians and the patient by regular mail.

As policy, Registration and Privacy Practices forms must be completed by the patient, while clinical history forms may be completed in the waiting room by the patient on her own, or in the exam room with clinical staff and/or myself as need be to facilitate a timely and comprehensive evaluation. It is not uncommon for patients to prefer that the forms be completed during our discussion during the consultation. As such, the completion of clinical forms is flexible – the patient may fill them out herself, or with my staff, or with myself, depending on the patient's preference, patient's history or patient's capability.

Sincerely,

Lauri J. Romanzi, MD

Patient initials : _____

Date of visit : ____/____/_____