



MiraSol *Physical Rehab Center*

Desire.Sante LLC

INFORMATION ON TREATMENT FOR PELVIC FLOOR DYSFUNCTION AND BLADDER/BOWEL PROBLEMS

IMPORTANT PLEASE READ IMMEDIATELY

Your first appointment will take 60 to 90 minutes so plan your time appropriately. Please arrive 15 minutes early to discuss necessary paperwork.

Your appointment is scheduled for _____ a.m./p.m. on _____.

Enclosed in your registration packet please find:

1. REGISTRATION PAPERWORK
2. CONSENT FORMS
3. HISTORY AND SCREENING QUESTIONAIRES
4. KEEPING A RECORD OF YOUR BLADDER FUNCTION
5. DAILY VOIDING LOG

All of these forms must be completed prior to your scheduled appointment.

- **Begin the voiding log now.**
- Be sure to read the directions for **KEEPING A RECORD OF YOUR BLADDER FUNCTION** carefully so your log is as accurate as possible.
- Incomplete information may delay insurance processing and authorization for subsequent treatment.
- Prior to your first appointment we will check with your insurance company regarding coverage for treatment.

The office evaluation/treatment of your condition may include:

- Review of your medical history
- Measurements of your pelvic floor muscle function with biofeedback equipment. **(These instruments record your muscle activity and help evaluate and treat your pelvic floor muscles.)**
- Musculoskeletal and pelvic floor muscle exam.
- Exercise instructions for pelvic floor and other muscle groups as indicated.

Return visits for therapy will be scheduled at regular intervals to measure your progress and modify your exercise program as needed. These appointments are important in order to progress your treatment program.

Please feel free to invite someone to accompany you to your appointment if doing so will make you feel more comfortable.

If you have any questions, please contact our office at **(575) 556-8440.**

KEEPING A RECORD OF BLADDER FUNCTION

The main purpose of a bladder log is to document how your bladder functions. A log can give your health care provider an excellent picture of your bladder functions, habits and patterns. At first, the log is used as an evaluation tool. Later, it will be used to measure your progress on bladder retraining or leakage episodes. **Please complete a bladder log every day for 5 days and bring it with you to your appointment.**

Your log will be more accurate if you fill it out as you go through the day. It can be very difficult to remember at the end of the day exactly what happened in the morning.

INSTRUCTIONS

Column 1 - Time of Day

The log begins with midnight and covers a 24 hour period. Afternoon times are in bold. Select the hour block that corresponds with the time of day you are recording information.

Column 2 - Type & Amount of Fluid & Food Intake

- Record the type and amount of **fluid** you drank
- Record the type and amount of **food** you ate
- Record when you woke up for the day and the hour you went to sleep

Column 3 - Amount Voided (Urinated): Three methods

Record the time of day and amount voided. Use the first method unless directed by your health care provider to directly measure or count urine amounts. Record a bowel movement with a BM at the appropriate time.

1. Place an S, M, L, in the box at the corresponding time interval each time you urinate.
S- SMALL= seemed like a small amount, or urinated "just in case".
M- MEDIUM= seemed like an 8 ounce measuring cup would run over.
L- LARGE= seemed like the amount you urinate when you first wake up in the morning.
2. If you have difficulty gauging the amount of urine, you may record seconds by counting "one - one thousand" (this equals one second) while emptying your bladder. Record the total number of seconds it took you to void.
3. **Measure urine amounts with a collection device. The best method is a collection "hat" that can be placed directly over the toilet. Ask your provider where to get one. Some people use 2-4 cup measuring containers, but it is sometimes difficult to catch the urine with these. Record the measured ounces of urine in the box at the corresponding time interval each time you urinate.**

Column 4 - Amount of Leakage

Record the amount of urine loss at the time it occurred.

- S- SMALL= drop or two of urine
- M- MEDIUM= wet underwear
- L- LARGE= wet outerwear or floor

Column 5 - Was Urge Present

Describe the urge sensation you had as:

- 1- MILD= first sensation of need to go
- 2- MODERATE= stronger sensation or need
- 3- STRONG= need to get to toilet, move aside!

Column 6 - Activity with Leakage

Describe the activity associated with the leakage, i.e. coughed, heard running water, sneezed, bent over, lifted something or had a strong urge.

Comments – (at the bottom of the log table) Special problems and new or changes in medication are recorded here. If a pad change was needed, record the number used during the day at the bottom of the page.

Daily Voiding Log Sample

Time of Day	Type & Amount of Food & Fluid Intake	Amount Voided in Ounces or S /M /L or seconds	Amount of Leakage S /M /L	Was Urge Present 1 /2 /3	Activity With Leakage
Midnight					
1:00 am					
2:00 am					
3:00 am					
4:00 am					
5:00 am					
6:00 am	Woke up at 6:45 am	L		3	
7:00 am	Coffee, bagel				
8:00 am	(8 oz)		M		Fast walking
9:00 am	Apple juice (5 oz)	M		2	
10:00 am					
11:00 am		S		1	Key in the door
NOON	Tuna sandwich, milk (4 oz), pear				
1:00 pm					
2:00 pm		M		2	
3:00 pm	Tea (16oz), cookies		S		Running water
4:00 pm					
5:00 pm					
6:00 pm	Chicken, corn pudding, salad, apple juice (5 oz)	M		3	
7:00 pm					
8:00 pm			S	3	
9:00 pm					
10:00 pm	To bed at 10:30	M		3	
11:00 pm					

Comments: week before period Number of pads:

ATTENTION PLEASE TOTAL:

At the end of each day please TOTAL the columns; i.e. Total Fluid, Total Water and Total "Other" Fluids (Any fluids other than water), Number of times voided during the day and during the night, Number of times leaked, and then TOTAL and AVERAGE these values for the week.

*******Please total and AVERAGE accordingly for each column*******

THANK YOU!

- **TOTAL FLUIDS: _____ OZ**
- **TOTAL WATER: _____ OZ**
- **TOTAL OTHER FLUIDS _____ OZ**
- **NUMBER OF TIMES VOIDED:**
 - **DAY: _____ TIMES**
 - **NIGHT: _____ TIMES**
- **NUMBER OF TIMES LEAKED: _____ TIMES**
- **TOTAL AMOUNT VOIDED: _____ OZ**
- **NUMBER OF PADS: _____**
- **Height: _____ Weight: _____**
- **RECOMMENDED FLUIDS: _____**



Physical Rehab Center

Desire.Sante LLC

DAILY VOIDING LOG

Name _____

Date _____

Time of Day	Type & Amount of Food & Fluid Intake	Amount Voided Ounces, S /M /L or Seconds	Amount of Leakage S /M /L	Was Urge Present 1 /2 /3	Activity With Leakage
Midnight					
1:00 am					
2:00 am					
3:00 am					
4:00 am					
5:00 am					
6:00 am					
7:00 am					
8:00 am					
9:00 am					
10:00 am					
11:00 am					
Noon					
1:00 pm					
2:00 pm					
3:00 pm					
4:00 pm					
5:00 pm					
6:00 pm					
7:00 pm					
8:00 pm					
9:00 pm					
10:00 pm					
11:00 pm					

Comments _____

Number of pads used today _____



MiraSol *Physical Rehab Center*

Desire.Sante LLC

DAILY VOIDING LOG

Name _____

Date _____

Time of Day	Type & Amount of Food & Fluid Intake	Amount Voided Ounces, S /M /L or Seconds	Amount of Leakage S /M /L	Was Urge Present 1 /2 /3	Activity With Leakage
Midnight					
1:00 am					
2:00 am					
3:00 am					
4:00 am					
5:00 am					
6:00 am					
7:00 am					
8:00 am					
9:00 am					
10:00 am					
11:00 am					
Noon					
1:00 pm					
2:00 pm					
3:00 pm					
4:00 pm					
5:00 pm					
6:00 pm					
7:00 pm					
8:00 pm					
9:00 pm					
10:00 pm					
11:00 pm					

Comments _____

Number of pads used today _____



Physical Rehab Center

Desire.Sante LLC

DAILY VOIDING LOG

Name _____

Date _____

Time of Day	Type & Amount of Food & Fluid Intake	Amount Voided Ounces, S /M /L or Seconds	Amount of Leakage S /M /L	Was Urge Present 1 /2 /3	Activity With Leakage
Midnight					
1:00 am					
2:00 am					
3:00 am					
4:00 am					
5:00 am					
6:00 am					
7:00 am					
8:00 am					
9:00 am					
10:00 am					
11:00 am					
Noon					
1:00 pm					
2:00 pm					
3:00 pm					
4:00 pm					
5:00 pm					
6:00 pm					
7:00 pm					
8:00 pm					
9:00 pm					
10:00 pm					
11:00 pm					

Comments _____

Number of pads used today _____



MiraSol

Physical Rehab Center

Desire.Sante LLC

DAILY VOIDING LOG

Name _____

Date _____

Time of Day	Type & Amount of Food & Fluid Intake	Amount Voided Ounces, S /M /L or Seconds	Amount of Leakage S /M /L	Was Urge Present 1 /2 /3	Activity With Leakage
Midnight					
1:00 am					
2:00 am					
3:00 am					
4:00 am					
5:00 am					
6:00 am					
7:00 am					
8:00 am					
9:00 am					
10:00 am					
11:00 am					
Noon					
1:00 pm					
2:00 pm					
3:00 pm					
4:00 pm					
5:00 pm					
6:00 pm					
7:00 pm					
8:00 pm					
9:00 pm					
10:00 pm					
11:00 pm					

Comments _____

Number of pads used today _____



MiraSol

Physical Rehab Center

Desire.Sante LLC

DAILY VOIDING LOG

Name _____

Date _____

Time of Day	Type & Amount of Food & Fluid Intake	Amount Voided Ounces, S /M /L or Seconds	Amount of Leakage S /M /L	Was Urge Present 1 /2 /3	Activity With Leakage
Midnight					
1:00 am					
2:00 am					
3:00 am					
4:00 am					
5:00 am					
6:00 am					
7:00 am					
8:00 am					
9:00 am					
10:00 am					
11:00 am					
Noon					
1:00 pm					
2:00 pm					
3:00 pm					
4:00 pm					
5:00 pm					
6:00 pm					
7:00 pm					
8:00 pm					
9:00 pm					
10:00 pm					
11:00 pm					

Comments _____

Number of pads used today _____