PTNS Dictation Template

Patient Name _____

Day, Time and Service _____

Diagnosis	Urge Incontinence	ICD-10: N39.41
	Frequency of Micturition	ICD-10: R35.0
	Urgency of Urination	ICD-10: R39.15

***History of Present Illness*:**
Symptoms: Date symptoms began _____ Related to a specific event? _____

Amount of leakage? Few drops Large leaks Varies

When does leakage occur? Anytime Daytime Nighttime Bedtime
Up in AM 1st foot out of bed

Severity of symptoms with Activities of Daily Living
(rate each: 0= symptoms not present, 1= symptoms present but with no impact, 2= minimal, 3=moderate, 4=severe)

_____Leakage related to coughing, sneezing, or laughing
_____Leakage related to feeling cold
_____Leakage related to walking
_____Leakage during intercourse
_____Leakage related to change in position
_____Leakage related to bending/lifting
_____Leakage related to aerobics/jumping

Leakage Frequency
Daytime Frequency (# of voids)
Nighttime Frequency (# of voids)
Pain or burning with urination? Yes No
Frequent urinary tract infections? Yes No

Perception of the need to urinate?

Incontinence episodes?
Protection used? Heavy Pads # Mod Pads # Panty liners #
Varies Nothing Other

Fluid intake? # of cups of fluid per day? _____ # alcohol intake per day?_____
# of cups of caffeinated beverages per day?_____

Previous Therapy
Behavioral Modification Techniques (discuss all modalities attempted with start/stop dates)

Pelvic Floor Exercises Biofeedback Bladder Training
Fluid Management Dietary Restrictions

Drug Therapy – (anticholinergics/antimuscarinics/β3 agonists, etc., discuss all tried with start /stop dates and the patient response - failed response, side effects, etc.)

_____
_____
_____
_____

Other previous therapy

_____
_____
_____
_____

Objective Exam Results

Vitals, general appearance, etc.

Indicate if any Contraindications present for PTNS

Pacemaker? Implantable Defibrillator? History of abnormal bleeding?
History of neuropathies or nerve damage? Pregnant?

Discussed with Patient possible side-effects of procedure

Discomfort Bleeding at insertion/stimulation site
Procedure Consent signed

Patient Goals are… _____
_____
_____
_____

PTNS Treatment

Electrode placement R Ankle or L Ankle _____
Start time, End time, and Stimulator setting _____
Regarding procedure, comment on patient's comfort, homeostasis, etc

_____
_____
_____

Treatment Plan

Next visit and any other instructions

_____
_____
_____
_____