

## Patient Demographic and Insurance Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Subscriber's DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary Insurance (if any): \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Preferred Pharmacy (include town and phone number):

\_\_\_\_\_

\_\_\_\_\_

## **Initial Medical History Form**

Reason for Visit / Chief Complaint:

Past Medical History: \_\_\_\_\_

Past Surgical History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Immediate Family History: \_\_\_\_\_

Social History (tobacco, alcohol, drugs, occupation):

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## **Authorizations, Financial Responsibility, and HIPAA Policies**

### **1. Assignment of Benefits & Authorization for Treatment**

I hereby authorize **Dr. Jorge Rivera Mirabal and/or Dr. Jorge Rivera Herrera**, as well as **Rivera Mirabal Urology LLC** and its providers, to provide medical evaluation and treatment. I assign all insurance benefits to Rivera Mirabal Urology LLC for services rendered. I understand that I am financially responsible for all charges not covered by my insurance, **including if insurance denies partial or full payment.**

### **2. Guarantee of Payment & Collections**

I agree to pay any outstanding balance after insurance has processed claims. If my account is referred to a collection agency, I agree to pay all collection costs, including attorney's fees, court costs, and collection agency fees, **in accordance with applicable Puerto Rico debt collection laws and patient notification requirements.** I acknowledge that unpaid balances may be reported to credit agencies as permitted by law.

### **3. Arbitration Agreement (Optional Clause)**

Any dispute related to the medical services provided may be resolved by binding arbitration in accordance with the laws of Puerto Rico, provided both parties expressly consent.

**I acknowledge that by accepting this clause, I waive my constitutional right to bring my case before the Puerto Rico General Court of Justice with a judge or jury.**

Patient Signature to Accept Arbitration: \_\_\_\_\_

Date: \_\_\_\_\_

#### **4. HIPAA Privacy Practices Notice**

I acknowledge that I have received (or have been offered and declined) a copy of the Notice of Privacy Practices. I authorize the disclosure of my medical information as necessary for treatment, payment, and healthcare operations, **in accordance with HIPAA and Puerto Rico confidentiality laws.**

#### **5. Communication Consent**

I authorize the use of phone, email, or text message for communication regarding appointments, billing, and clinical care. I understand that while security measures exist, electronic communications **may not be completely secure, and I voluntarily accept this risk.**

#### **6. Follow-Up and Continuity of Care**

I agree to attend follow-up visits as recommended. I understand and accept that failure to comply with follow-up visits may result in the suspension of any prescription refills or services previously offered. In certain cases, lack of follow-up may result in termination of the doctor-patient relationship, **in accordance with Puerto Rico law and while ensuring continuity of care and appropriate medical referrals.**

#### **7. Consent for Treatment and Assumption of Risks**

I understand that all medications and medical treatments carry potential risks, including but not limited to side effects, complications, adverse reactions, or unexpected outcomes. I acknowledge that **no guarantee of results** has been made and that treatment outcomes may vary from patient to patient.

I hereby consent to receive medical evaluation and treatment by **Dr. Jorge Rivera Mirabal and/ or Dr. Jorge Rivera Herrera.**

Furthermore, I voluntarily assume these risks and, except in cases of **proven medical negligence or intentional misconduct**, I release from liability **Dr. Jorge Rivera Mirabal, Dr. Jorge Rivera Herrera, Rivera Mirabal Urology LLC**, its employees, administrators, contractors, representatives, partners, spouses, heirs, and any related parties.

I confirm that I have had the opportunity to ask questions, that these have been answered satisfactorily, and that I voluntarily understand and accept the risks and benefits of treatment.

**Signature and Acceptance**

**Patient Name (print):** \_\_\_\_\_

**Patient/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# SEXUAL HEALTH INVENTORY FOR MEN (SHIM)

## Instructions

Each question has five possible responses. Circle the number that best describes your own situation. Select only one answer for each question.

**Over the last six months:**

**1. How do you rate your confidence that you could keep an erection?**

1	2	3	4	5
Very low	Low	Moderate	High	Very high

**2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**

1	2	3	4	5
Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (more than half the time)	Almost always or always

**3. During sex, how often were you able to maintain your erection after you had penetrated (entered) your partner?**

1	2	3	4	5
Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (more than half the time)	Almost always or always

**4. During sex, how difficult was it to maintain your erection to completion of intercourse?**

1	2	3	4	5
Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult

**5. When you attempted sex, how often was it satisfactory for you?**

1	2	3	4	5
Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (more than half the time)	Almost always or always

**Total Score:** \_\_\_\_\_

# INTERNATIONAL PROSTATE SYMPTOM SCORE (I-PSS)

Patient Name:

Date:

	Not At All	Less Than 1 Time In 5	Less Than Half The Time	About Half The Time	More Than Half The Time	Almost Always	YOUR SCORE
<b>1. Incomplete Emptying</b> Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
<b>2. Frequency</b> Over the past month, how often have you had to urinate again less than two hours after you have finished urinating?	0	1	2	3	4	5	
<b>3. Intermittency</b> Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
<b>4. Urgency</b> Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
<b>5. Weak Stream</b> Over the last month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
<b>6. Straining</b> Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	

	None	Once	Twice	3 times	4 times	5 or more	YOUR SCORE
<b>7. Nocturia</b> Over the past month how many times did you most typically get up each night to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	
<b>Total I-PSS Score</b>							

## Quality of Life due to Urinary Symptoms

	Delighted	Pleased	Mostly satisfied	Mixed	Mostly unhappy	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

The I-PSS is based on the answers to seven questions concerning urinary symptoms. Each question is assigned points from 0 to 5 indicating increasing severity of the particular symptom. The total score can therefore range from 0 to 35 (asymptomatic to very symptomatic).

Although there are presently no standard recommendations into grading patients with mild, moderate or severe symptoms, patients can be tentatively classified as follows: **0 - 7 = mildly symptomatic; 8 - 19 = moderately symptomatic; 20 - 35 = severely symptomatic.**

The International Consensus Committee (ICC) recommends the use of only a single question to assess the patient's quality of life. The answers to this question range from "delighted" to "terrible" or 0 to 6. Although this single question may or may not capture the global impact of BPH symptoms on quality of life, it may serve as a valuable starting point for doctor-patient conversation.