



Office of the Director
Student Health Services

1875 Millikin Road
Columbus, OH 43210-2200

Phone 614-292-8606
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January 26, 1995

Steven Hill


Dear Steve:

I am writing in regards to the concerns you had about your one office visit with Dr. Richard Strauss. As we discussed on the telephone two days ago, we both want to resolve this issue to your satisfaction.

I want to assure you that we had never received a complaint about Dr. Strauss before, although we have had several positive comments. However, all patient comments—both positive and negative—are maintained in a quality assurance file that is available for review by the Joint Commission on Accreditation of Healthcare Organizations. Any future complaints would include consideration of all prior complaints of a similar nature.

Your suggestions for improving Men's Clinic have been quite helpful, and resulted in the development of a new patient hand-out that combines patient information about the clinic with a past medical history form. This information sheet asks every patient if he or she would like to have a chaperone present during the office visit.

Once again, I would like to thank you for your helpful comments. We rely on such feedback from patients to continuously improve the quality of our services. Please feel free to call me at 292-8606 if you have any further comments or questions in the future.

Sincerely,



Ted W. Grace, M.D., M.P.H.
Director, Student Health Services

cc: Judy Brady

**Student Health Services
The Ohio State University**

Men's Clinic Form

Last	First	MI
ID#		
(Place patient label here)		

*To: Patients new to the Men's Clinic
From: The Doctors of the Men's Clinic*

In order for us to communicate more clearly, please answer the following questions(••). In many cases you can simply circle the answer you like. You can skip any question that you prefer not to answer. We can discuss such questions in person if you wish.

••What is the problem that brings you in today?

••Have you had this problem before? (Circle one.) Yes.....No

••Have you had a sexually transmitted disease before? Yes.....No

If yes, what was it? _____

••Have you had a urinary tract infection before? Yes.....No

••Have you had an injury or abnormality of a testicle? Yes.....No

••Have you had a problem related to the prostate, rectum, or anus? ... Yes.....No

••Have you had surgery, for example, hernia? Yes.....No

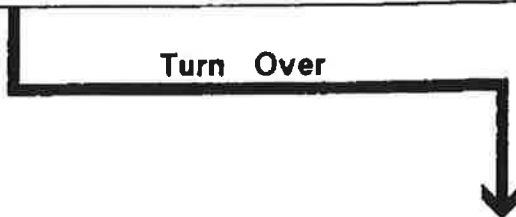
••Have you had any other serious medical problems? Yes.....No

••Are you taking any medications now?..... Yes.....No

If yes, what? _____

••Are you allergic to any medications? Yes.....No

If yes, what? _____



The physical examination that we perform in the Men's Clinic is tailored to the specific problem that you tell us about. It generally includes the following parts of the body. However, if you prefer that a specific area not be examined, please cross it out of the following list:

- 1) Skin of upper body. This is done because skin problems below the waist sometimes are related to skin problems above the waist. Lymph nodes (glands) of the neck and under the arms are felt at the same time.
- 2) Skin of the pubic area and genitals, including the penis and scrotum. Contagious diseases such as warts are sometimes visible.
- 3) Feeling both testicles for lumps, for example, cancer.

We hope that our discussions will make the diagnosis and treatment of your problem clear to you. Please interrupt us at any time with questions or suggestions. You may need to return to the Men's Clinic for further treatment, test results, or follow-up on another day at your convenience. We like to make sure that your problem has resolved.

Patients occasionally find that they would feel more comfortable working with a doctor different from the one to whom they have been assigned. That is no problem. Just mention at any time that you would like to switch and it will be done. We don't mind. If you need to make a return appointment, you can choose any doctor you wish.

Sometimes a technician or medical student works with us.

••Do you prefer that such a person be (circle one):

- Present
- Not Present
- Don't Care

There are sometimes costs to you associated with procedures performed in this clinic. Please be sure you have discussed and understood these costs before the procedure.

Patient's Signature

Date

When you have completed this form, keep it and hand it to your doctor. Do not give it to the receptionist.