

PELVIC HEALTH MEDICAL HISTORY (Female)

Please answer only the questions that apply to you. Your answers will help us to perform a thorough evaluation and then develop a more effective treatment plan for your condition.

Please describe your pain/problem: _____

What do you think is causing your pain/problem? _____

Is there an event that you associate with the onset of your pain/problem? YES NO
Is so, what? _____

How long have you had this pain/problem? _____

SYMPTOMS:

Do you have pain with any of the following? (Please check all that apply.)

- Pain with urination
- Pain during sexual intercourse
- Pain after sexual intercourse
- Pain with bowel movements
- Pain when bladder is full

BLADDER:

Do you experience any of the following? (Please circle your answer.)

- Loss of urine when coughing, sneezing, or laughing? YES NO
- Loss of urine with a strong urge to urinate? YES NO
- Very strong urgency to urinate with little warning? YES NO
- Frequent bladder infections? YES NO
- Do you feel like you completely empty your bladder? YES NO

How many times do you wake up to urinate during the night? _____

How many times do you urinate during the day? _____ How often? _____ (minutes, hours, etc)

BOWEL:

On average how many bowel movements do you have? Daily _____ Weekly _____

Do you experience any of the following? (Please circle your answer.)

- Strong urge and have to rush to the bathroom for a bowel movement? YES NO
- Sensation of incomplete emptying after a bowel movement? YES NO
- Sensation of abdominal fullness, bloating, swelling? YES NO
- Fecal incontinence (involuntary loss of stool)? YES NO

Quality of your stool: (Please check all that apply.)

- Hard (lumpy or pellets)
- Loose, soft pieces
- Small thin, long (like a ribbon)
- Soft, solid
- Watery
- Mucous

PREGNANCY HISTORY:

How many pregnancies have you had? _____ How many live births? _____

Did you have any complications during pregnancy, labor, or post-partum period? (Please check all that apply.)

- Episiotomy
- Forceps
- Back, pelvic, or hip pain
- Vaginal lacerations (tear)
- Post-partum hemorrhaging or medication for bleeding
- Other _____
- C-section

ABUSE HISTORY

Have you ever been the victim of emotional, physical, or sexual abuse? YES NO