# Pelvic Health Intake Form - Females

Name: _____ DOB (dd/mm/yyyy): _____

Occupation:_____

Age:_____

Hobbies/Activities:_____

Do you presently, or have you ever suffered from any of the following (*check all that apply):*

- ☐ Cancer
- ☐ Ehler's Danlos
- ☐ Diabetes
- ☐ Osteoporosis
- ☐ Broken Bones/Fractures
- ☐ Endometriosis
- ☐ Anxiety/Panic Attacks
- ☐ Depression
- ☐ Skin disease/sensitivity
- ☐ Irritable Bowel Syndrome
- ☐ Migraine or tension headaches
- ☐ Temporomandibular Pain (TMJ)
- ☐ Restless Leg Syndrome
- ☐ Chronic Fatigue Syndrome
- ☐ Fibromyalgia
- ☐ Interstitial Cystitis/Bladder Pain Syndrome
- ☐ Lichens Sclerosis/Planus
- ☐ Other:_____

Major Surgeries (and year):

_____

Were you referred by your doctor or other specialist? (If so, who?)

_____

Do you consent to your physiotherapist communicating her findings with your referring practitioner?
□Yes □No □N/A

Do you have extended health benefits for physiotherapy?.....□Yes □No, I'm paying privately

What are your goals for Physiotherapy? (What would you like to improve?)

1._____

2._____

3._____

**Obstetrical/Gynecological History**

Are you currently pregnant?……..…□Yes (#weeks:___) □No
Is your pregnancy "high risk"?……..…□Yes □No □N/A
Have you been advised to avoid vaginal penetration(i.e.intercourse)?……□Yes □No □N/A

# pregnancies:_____ #children:_____ Age(s) of child(ren):_____
Heaviest baby at birth:_____lb____oz
Was your birth: □ Cesarean Birth □ Vaginal Birth
Did you require use of: □ Vacuum □ Forceps □ Episiotomy
Did you experience perineal tearing: □Yes (grade of tearing, if known:_____) □No □ Unsure



Christine MacMillan, MPT • www.thepelvicfloorpt.com • cmacmillanpt@gmail.com

Do you have a regular menstrual cycle? .....□Yes □No

Details: _____

Are you menopausal/post-menopausal?.....□Yes □No

Hormone Replacement Therapy .....□Yes □No

Details _____

Do you experience heaviness or pressure around your vagina/perineum? .....□Yes □No

Do you notice bulging of tissues at the entrance to the vagina? .....□Yes □No

Have you been diagnosed with pelvic organ prolapse? . .....□Yes □No Stage (if known): □1 □2 □3 □4

**Pain History**

Do you experience pain in your low back/hips/pelvis/tailbone? .....□Yes □No

What activities/things make this pain *worse*:

_____

What activities/things make this pain *better*:

_____

Do you experience pain in your genitals (vagina, perineum, anus, vulva)? _____□Yes □No

Is this pain primarily related to *sexual intercourse*? .....□Yes □No

If yes, is your intercourse pain:

□ Near the entrance to the vagina □ Deeper internally □Other:_____

If no, what activities/things make this pain *worse*: _____

What activities/things make this pain *better*: _____

How long have you had pain?_____

Who have you seen about this pain? □ Family Doctor □ Physiotherapist □ Chiropractor □Massage

□Osteopath □ Urologist □ Gynecologist/OBGYN □ Other: _____

Is your pain:

□ widespread □ localized to one area □ constant □ comes and goes □ predictable□ unpredictable

What do you think is causing your pain?: _____

_____

_____

**Bladder/Bowel History**

The following questions are about bladder leaks. If you do not experience bladder leaks, please select "Never".

**In the past 4 weeks, how *often* do you leak urine?**

□ Never □ About once per week or less often □ 2-3 times per week □ About once per day

□ Several times per day □ All the time

**How *much* urine do you usually leak?**

□ None □ A small amount □ A moderate amount □ A large amount



Christine MacMillan, MPT • www.thepelvicfloorpt.com • cmacmillanpt@gmail.com

***When* does urine leak?**

☐ Never (urine does not leak)
☐ Leaks before you can get to the toilet
☐ Leaks when you cough/sneeze
☐ Leaks when you are asleep
☐ Leaks when you are physically active/ exercising
☐ Leaks during intercourse
☐ Leaks when you are finished urinating and are dressed
☐ Leaks for no obvious reason
☐ Leaks all the time

Overall, how much does *leaking urine* interfere with your everyday life? Please select a number between 0 (not at all) and 10 (a great deal).

0-------1-------2-------3-------4-------5-------6-------7-------8-------9-------10

Do you ever have *difficulty emptying* your bladder completely?.....☐Yes ☐No ☐Sometimes

Do you have *pain* when you urinate? .....☐Yes ☐No ☐Sometimes

Do you need to *strain* to urinate? .....☐Yes ☐No ☐Sometimes

Do you get *blood* in your urine?.....☐Yes ☐No ☐Sometimes

Do you have a history of Urinary Tract Infections (UTIs)?:.....☐Yes ☐No Most recent:_____

How many times per day (on average) do you urinate?.....☐ < 5 ☐ 5-7 ☐ 7-10 ☐ > 10

Do you wake to urinate at night?....._____# times per night

Does bladder leakage require you to wear pads? ....._____ # pads per day

How many bowel movements (on average) do you have per week? ....._____ # times per week

Do you need to push or strain to have bowel movements?.....☐Yes ☐No ☐Sometimes

Do you suffer from fecal incontinence (accidental leakage of stool)? .....☐Yes ☐No ☐Sometimes

**Fluid Intake in 24 hours**

# cups of coffee: _____ # cups of tea: _____ # cups of water: _____ # cups of other fluids: _____

**Sleep History**

What time do you typically go to bed? _____What time do you typically fall asleep? _____
What time do you get up in the morning? _____Is your sleep interrupted? _____
Any additional comments about sleep? _____
_____
_____

**Physical Activity/Movement**

Please describe any regular routines you have around physical activity (eg. walking, hiking, running, gym, group fitness _____
_____
_____
_____



Christine MacMillan, MPT • www.thepelvicfloorpt.com • cmacmillanpt@gmail.com

□ I don't have anything in my routine right now

□ I avoid these activities because of (i.e. pain, bladder leaks etc):_____

**Central Sensitization Questionnaire**
Finally, I'm presenting you with a questionnaire that measures activity within the autonomic nervous system. Please select the best response that applies to you *over the past 4 weeks*.

1. I feel tired and unrefreshed when I wake from sleeping:.....□ Never □ Rarely □ Sometimes □ Often □ Always
2. My muscles feel stiff and achy .....□ Never □ Rarely □ Sometimes □ Often □ Always
3. I feel pain all over my body .....□ Never □ Rarely □ Sometimes □ Often □ Always
4. I have headaches.....□ Never □ Rarely □ Sometimes □ Often □ Always
5. I do not sleep well .....□ Never □ Rarely □ Sometimes □ Often □ Always
6. I have difficulty concentrating.....□ Never □ Rarely □ Sometimes □ Often □ Always
7. Stress makes my physical symptoms get worse .....□ Never □ Rarely □ Sometimes □ Often □ Always
8. I have muscle tension in my neck and shoulders .....□ Never □ Rarely □ Sometimes □ Often □ Always
9. I have difficulty remembering things .....□ Never □ Rarely □ Sometimes □ Often □ Always

**Disclosure of trauma history** – *optional*
*It's important that you know that traumatic life events can affect our physiology. We are wired to respond to physiologically to stress and trauma as a survival response. Unfortunately for many people, chronic/unresolved trauma can negatively impact physical health for many years.*
*Because these experiences are so relevant to our physiology, and since our physiology lays the groundwork for neuromuscular function in the body, I ask all my patients about stressful or traumatic life events. This could include a history of sexual abuse, a traumatic childhood experience or any life event that has had a negative impact on you.*
*Please know that your comments are completely confidential and that you are welcome to share as much or as little detail as you feel comfortable. Have you experienced trauma in your life?*

□ **Yes**, I have a history of trauma □ **No**, I do not have a history of trauma □ Prefer not to disclose

Comments: _____
_____
_____
_____

Is there anything else you would like to say? Other concerns or information that may help your therapist guide your treatment?
_____
_____
_____
_____
_____


Christine MacMillan, MPT • www.thepelvicfloorpt.com • cmacmillanpt@gmail.com

**Consent**

*Hopefully you have had an opportunity to review some materials about what to expect at your Pelvic Health Assessment.*

*You are meeting with a Pelvic Health Physiotherapist because your symptoms suggest that there may be dysfunction of the deep core muscles inside your abdomen and pelvis. Thorough assessment of these muscles requires an internal examination (via either vaginal or rectal palpation) and although it is strongly recommended that you have an internal exam, it is optional and dependent on your comfort.*

*The benefits of internal palpation include the opportunity for your physiotherapist to objectively assess for pelvic floor muscle strength, tone, scar tissue and nerve function which helps your therapist develop the most appropriate treatment plan for you. The only risks of internal palpation are a temporary increase in current pelvic discomfort, or (rarely), very minor bleeding. You are welcome to bring a person of your choosing into the room with you for your assessment/treatment(s) if you wish, and you will also have the opportunity to ask any questions, voice concerns and to give/revoke your consent at anytime throughout your physiotherapy sessions.*

*If you have been told to avoid penetrative intercourse, if you have an active uro-genital infection, or if you have been placed on "pelvic rest", your therapist will recommend against internal palpation at this time.*

☐ **Yes** I am open to discussing an internal pelvic exam today with my physiotherapist which can be performed by either vaginal and/or rectal palpation depending on my preference. I will have the opportunity to ask questions and will be able to choose whether this is something I am comfortable with after speaking to my physiotherapist.

☐ **No** I am not open to having an internal pelvic exam today. I understand that my physiotherapist will do her best working externally only, and although she will not be able to assess as thoroughly, she will be able to offer some treatment ideas that accommodate my preference for external palpation only. I will have the opportunity at future appointments to consent to an internal exam if I become comfortable.

Client Signature: _____

Date:_____



Christine MacMillan, MPT • www.thepelvicfloorpt.com • cmacmillanpt@gmail.com