Pelvic Health Intake Form

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):*

☐ Heart problems	☐ Anxiety/Depression	☐ Hepatitis
☐ Cancer	☐ Thyroid problems	☐ HIV/AIDS
☐ Diabetes	☐ Skin disease/sensitivity	☐ Pacemaker
☐ Osteoporosis	☐ Arthritis	☐ Fibromyalgia
☐ Broken Bones/Fractures	☐ Epilepsy/Seizures	☐ 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 (paying privately)

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

_____

_____

Sexual/Gynecological History (<u>Females only</u>)

Are you sexually active?.....☐Yes ☐No

Do you have pain with intercourse?.....☐Yes ☐No

Are you pregnant?.....☐Yes (#weeks:_____) ☐No

Is your pregnancy "high risk"?.....☐Yes ☐No ☐N/A

pregnancies:_____ #live births:_____

Age(s) of child(ren):_____

Heaviest baby:_____lb____oz

Forceps/Vacuum for birth:_____

Length of (longest) pushing stage:____hours

Episiotomy: ☐Yes ☐No

Tearing: ☐Yes ☐No

C-Section: ☐Yes ☐No

Do you get a regular period?.....☐Yes ☐No

Are you menopausal?.....☐Yes ☐No

Hormone Replacement Therapy:……☐Yes ☐No

Do you experience "heaviness" in your pelvis? ☑Yes ☐No

Have you ever been diagnosed with prolapse? ☐Yes ☑No

Sexual History (<u>Males Only</u>)

Are you sexually active?.....☐Yes ☐No

Do you have a painful erection?.....☐Yes ☐No

Can you achieve satisfactory erection?.....☐Yes ☐No

Do you have premature ejaculation?.....☐Yes ☐No

Prostate fluid expressed and tested?.....☐Yes ☐No

Last PSA Score: _____ When? _____

Last digital rectal exam? _____

Pain History (Males <u>and</u> Females)

Do you have pain in your lower back/hips?.....☐Yes ☐No

Do you have pain in your pelvis or genitals?.....☐Yes ☐No

How long have you had pain?_____

Do you have any altered sensation?

☐ Tingling ☐ Numbness Where?_____

Do you have trouble sleeping? ☐Yes ☐No

☐Falling asleep ☐Staying asleep ☐Night sweats

Have you been treated for depression/anxiety? ☐Yes ☐No

Bladder/Bowel History

Do you ever experience a sudden intense, uncomfortable urge to urinate?.....☐Yes ☐No ☐Sometimes
Leakage of urine following intense uncomfortable urge to urinate?.....☐Yes ☐No ☐Sometimes
Leakage of urine with cough/sneeze/laugh/jump/(other:_____)……..…. ☐Yes ☐No ☐Sometimes
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 (bowel) incontinence/leakage?……..…….. ☐Yes ☐No ☐Sometimes

Fluid Intake in 24 hours

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

Many people have experienced unpleasant sexual experiences, including being touched against their will or physically abused in childhood or adulthood. Because these experiences can affect pelvic health, and help me to ensure you are as comfortable as possible during our time together, I ask all of my patients about unwanted sexual experiences.
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 sexual abuse in your life?

☐**Yes**, I have experienced sexual abuse ☐**No**, I have not experienced sexual abuse ☐ 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? _____
_____
_____
_____

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 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. I will have the opportunity to ask questions and will be able to choose whether or not 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:_____