WOMEN'S HEALTH MEDICAL HISTORY AND STATUS QUESTIONNAIRE

Name _____ Date of Birth _____ Today's Date _____

Referred by _____ Employer _____

Single _____ Married_____ Divorced _____ Widower_____

Reason for this Visit _____

In case of emergency notify: Name _____ Phone _____

Please check all medical problems that you have now or have had in the past:

___ Low Back Pain
___ Shoulder/Wrist/Elbow pain
___ Knee Pain
___ Leg Cramps
___ Fibromyalgia
___ High Blood Pressure
___ Pelvic Inflammatory Disease
___ Heart/Lung Disease
___ Osteoporosis
___ Previous Strokes
___ Broken Bones
___ Neck/Middle Back Pain
___ Pelvic/Vulvar pain
___ Ankle/Foot Pain
___ Carpal Tunnel Syndrome
___ Chronic Fatigue Syndrome
___ Diabetes
___ Endometriosis
___ Interstitial Cystitis
___ Cancer _____
___ Epilepsy
___ Unusual reaction to heat/cold ____
___ Smoking (Packs per day)
___ Hip Pain
___ Rectal pain
___ Pain with intercourse
___ Arthritis
___ Light-Headedness
___ Fibroids
___ Kidney Disease
___ Fracture
___ Head/Chest/TMJ
___ Respiratory difficulties
___ Bowel Problems
___ Diet Restriction _____
___ Numbness and Tingling _____
___ Other _____

Please list your usual recreational activities/exercise activities: _____

_____

_____

Please check all previous surgeries:

___ Hysterectomy
___ Hernia
___ Appendectomy
___ Gallbladder
___ Back/Neck Surgery
___ C- Section
___ Kidney Surgery
___ Bladder Repair
___ Prostate _____
___ Other _____

_____

Please list: Current Medications (Prescription, Non-prescription) _____

_____

_____

Hormone Replacement Therapy? Yes No

Pill___ Patch ____ Cream____ Estrogen ___ Progesterone _____

(continued)

Obstetric History: How many children do you have? _____
If Pregnant, due date _____ # Weeks Gestation _ # Previous Pregnancies _____
Vaginal Deliveries _____ # C-sections _____ # Episiotomies _____
Painful Episiotomy Scar? Y N Other painful Incisions? _____
Complications with this or prior pregnancies? _____
Level of exercise prior to pregnancy _____
Now _____

Bladder Habits: (Please check all that apply)

___ Frequesnt Urinary Tract Infections
___ Strong Urge to Urinate Produces Involuntary Loss
___ Loss of Urine on the way to the Bathroom
___ Urgency when you are Cold or hear Running Water
___ Loss of Urine with Cough, Sneeze, Lifting, Exercise, Running
___ Loss of Urine upon Ariving at Bathroom
___ Difficulty Initiating Urine Stream
___ Difficulty Stopping Urination
___ Burning With Urination
___ Pain with Urination
___ Blood in Urine

Voids/day _____ # Voids/night _____ # Episodes of involuntary urine loss/day _____
Amount lost: _____ Small _____Large _____Few Drips
Wetting? Y N Do you use Protective Devices? Y N # Pads/day _____
Do you restrict fluid intake because of urinary leak Y N
Cups caffeinated and/or carbonated beverage/ day? ____
Cups water/day _____ # Cups Juice/day _____
Have you ever taken medication(s) to prevent urine loss? Y N

Bowel Habits:

Do you have any gastrointestinal disease? Y N
Are you frequently constipated? Y N
How do you resolve this? High Fiber Diet_____ Laxatives_____ Enemas____
Do you frequently have Diarrhea: Y N
Do you notice blood in your stool? Y N Often? Y N Hemorrhoids? Y N
Do you have rectal pain? Y N
If yes: _____ at rest _____sharp, fleeting pain ____ w/Bowel mvmts

Please rate your level of pain TODAY on a scale of 1 to 10: (circle to most appropriate)
Pain Free 0 1 2 3 4 5 6 7 8 9 10 Severe

Please rate how your pain interferes with your quality of life:
Doesn't Interfere 0 1 2 3 4 5 6 7 8 9 10 Disabling

_____ _____
Patient Signature Date Therapist Signature Date

INFORMED CONSENT FOR WOMEN'S HEALTH PHYSICAL THERAPY

I understand that I am referred to physical therapy for pelvic floor dysfunction and it is in my best interest for my therapist to perform a *muscle assessment of the pelvic floor*. Palpation of these muscles is most direct and accessible if done vaginally and/or rectally. Pelvic floor dysfunctions include pelvic pain, urinary incontinence, fecal incontinence, dyspareunia or pain with intercourse, pain form an episiotomy or scarring, vulvodynia, vestibulitis or other similar complications.

I understand that if I am uncomfortable with the assessment or treatment procedures AT ANY TIME, I will inform my therapist and the procedure will be discontinued and alternative treatments will be discussed.

Treatment for pelvic floor dysfunctions include biofeedback, electrical stimulation, use of vaginal weights and several manual techniques including massage –
All will be thoroughly explained to me. I may choose not to participate with all or part of the treatment plan.

I voluntarily agree to the standard assessment and treatment plans for my condition.

_____ _____

Patient's signature and date Therapist signature and date

*****If you are pregnant, have infections of any kind, have vaginal dryness, are <6 weeks postpartum or post surgery, have severe pelvic pain, sensitivity to KY jelly, vaginal creams or latex, PLEASE inform your therapist prior to the pelvic floor assessment.***

NOTICE OF SUPPLY CHARGES

The following supplies may be necessary for the effective of your pelvic floor dysfunction including urinary incontinence, prolapse and/or pelvic pain. Despite the fact that these supplies may be necessary, most insurance companies will not pay for these supplies, but they will pay for the treatment process. You will be required to pay for any supply that your therapist determines that is needed for your treatment. During your initial evaluation, your physical therapy will discuss with your which supplies will be required. You will need to pay for these supplies that day or make arrangements and work out a payment plan with the front desk coordinator. Thank you for your cooperation. Please feel free to discuss these charges with your therapist.

1. Vaginal sensor electrode: this electrode fits into the vagina and allows the therapist to perform biofeedback, assisted exercises and electrical stimulation to the pelvic floor muscles. COST- $55.00

OR

2. Anal sensor electrode: this electrode fits into the anus and allows the therapist to perform biofeedback, assisted exercises and electrical stimulation to the pelvic floor muscles (used mostly for men). COST- $55.00