CENTERED

Physical Therapy & Wellness

Patient Symptom History

me: _		Sex:	Age:	Date:	
1.	Describe your current problem(s):			
1 i	Physician Diagnosis/Thoughts:				
	Physician Diagnosis/Thoughts:				
	Was this problem brought on by an incident? YES/NO				
	Please Describe:				
5. A	re you sexually active? Yes/No,	if No, why not?			
6. H	low has your life changed due to				
	Social Activities:				
	Diet/Fluid Intake:				
	Physical Activity:				
	o Work:				
	 Other: 				
OB/	GYN History:				
Y/N Childbirth Vaginal Delivery #		_	Y/N Vaginal Dryness		
Y/N	Y/N Episiotomy #		Y/N Painful Perio	ods	
Y/N	Y/N C-Section #		Y/N Menopause-	when?	
Y/N	Y/N Difficult Delivery #		Y/N Painful Vagir	nal Penetration	
Y/N	Prolapse or Organ Falling Out		Y/N Pelvic Pain		
Othe	er/Describe:				
Med	dications, Over the Counter, Vita	mins etc. (inclu	de start date and ı	reason for taking)	

Pelvic Pain Questionnaire

Are you in Pain ()Yes/()No, If Yes please fill in the blanks if no skip to next section

from 0-10 (10 being the worse):
n yourself?
that apply: With cold weather With lifting/bending With triggers (ex: hearing running water) With anxiety or nervousness Nothing affects the problem Other, Please describe:
s (please explain)?

Bladder Symptom Questionnaire

()Yes/()No: If Yes please answer the following. If No leave blank and skip to next section.

Bladder/ Bowel Hab	<u>its</u>				
Y/N Trouble initiating	g urine stream	Y/N Painful urination			
Y/N Urinary intermittent/ slow stream		Y/N Trouble feeling bladder urge/fullness			
Y/N Trouble emptyir	ng bladder	Y/N Current laxative use			
Y/N Difficulty stoppi	ng the urine stream	Y/N Trouble feeling bowel/urge/fullness			
Y/N Trouble emptyir	ng bladder completely	Y/N Constipation/straining			
Y/N Straining/pushir	ng to empty bladder	Y/N Trouble feeling bowel/urge/fullness			
Y/N Dribbling after ι	ırination	Y/N Constipation/straining			
Y/N Constant urine	leakage	Y/N Trouble holding back gas/feces			
Y/N Blood in urine		Y/N Recurrent bladder infection			
Other/Describe:					
 Frequency of uri 	nation: awake hours	_times per day, sleep hourstimes per night			
_	2. When you have a normal urge to urinate, how long can you delay before you have to go				
to the toilet?	to the toilet?minutes,hours,not at all				
The usual amou	nt of urine passed is:	smallmediumlarge			
Frequency of bo	4. Frequency of bowel movementstimes per day,times per week, or				
When you have	an urge to have a bowe	I movement, how long can you delay before you			
_		hours,not at all			
	If constipation is present describe management techniques				
Average fluid int	7. Average fluid intake (1 glass is 8 oz or one cup)glasses per day				
	• •	are caffeinated?glasses per day			
Rate a feeling of	organ "falling out"/prola	pse or pelvic heaviness/pressure:			
None preser					
		to activity or your period			
	g forminutes or _	hours			
With exertion	•				
Other: Expla	in				
	ions if no leakage/incon				
	-number of episodes	9b. Bowel leakage-number of episodes			
No leakage		No leakage			
Times per da	•	Times per day			
Times per w		Times per week			
Times per m		Times per month			
Only with ph	ysical exertion/coughing	Only with exertion/strong urge			
10a On average how r					
No leakage	nuch urine do vou leak?	Wets the floor			
	nuch urine do you leak?				
	•	10b. How much stool do you lose?			
Just a few di Wets underv	rops				

Complete emptying
11. What form of protection do you wear? (Please complete only one)None
Minimal protection (Tissue paper/paper towel/pantyshields)
Moderate protection (absorbent product, maxipad)
Maximum protection (Specialty product/diaper) Other
On average, how many pad/protection changes are required in 24 hours?# of pads
12. After starting to urinate, can you completely stop the urine flow? (circle one) Can stop completely
Can maintain a deflection of the stream
Can partially deflect the urine stream
Unable to deflect or slow the stream
13. Do you have trouble initiating a urine stream? YES/NO
14. Do you have pain with urination? Yes/No, Describe:
15. What are your goals for treatment?