Medical History - Pelvic Assessment

Past/Current Medical History

Any previous treatments, surgeries, and/or procedures:

- ◯ Yes
- ◯ No

History of pregnancy/birth:

- ◯ Yes
- ◯ No

Bladder: what is the daily frequency/leakage/flow:

Are they experiencing incontinence?

- ☐ Stress urinary incontinence (SUI)
- ☐ Urge urinary incontinence (UUI)
- ☐ Mixed urinary incontinence (MUI)

Please provide more details for any of the above you've checked off.

Medical History - Pelvic Assessment

Nocturia:

- ◯ Yes
- ◯ No

If yes, how many times per night are they waking to urinate:

Fluid intake and type:

Caffeine intake:

Diet: what types of food do they eat, number of meals, and other dietary details

Medical History - Pelvic Assessment

Menopause:

- ◯ Yes
- ◯ No

if yes, what is there level of pain/cycle.

General gynecological symptoms and history:

Birth control: if yes, type/length of use:

Sexual history: pain with sex, orgasm, other relevant details:

Medical History - Pelvic Assessment

Bowel function: what is their routine and other relevant details

Bristol Stool Chart:

- ◯ Type 1: separate hard lumps (severe constipation)
- ◯ Type 2: lumpy and sausage like (mild constipation)
- ◯ Type 3: a sausage shape with cracks in the surface (normal)
- ◯ Type 4: like a smooth, soft sausage or snake (normal)
- ◯ Type 5: soft blobs with clear-cut edges (lacking fibre)
- ◯ Type 6: mushy consistency with ragged edges (mild diarrhea)
- ◯ Type 7: liquid consistency with no solid pieces (severe diarrhea)

Please provide more details.

Infections: current or history of infections

- ◯ Yes
- ◯ No

if yes, please provide more details.

Are there other healthcare professionals that are involved in their care?