



Objective Assessment - External Pelvic Floor Palpation

External Pelvic Floor Palpation

☐ Informed consent for Assessment - Verbal consent obtained

Select which exam has been performed and add additional information as needed:

- ☐ Connective tissue movement:
- ☐ Bulbocavernosus:
- ☐ Ischiocavernosus:
- ☐ Superficial Transverse Perineal:
- ☐ External Anal Sphincter:
- ☐ Perineal Body:
- ☐ Light touch of the vestibule (using q-tip or finger):
- ☐ Perineal clock (normal or pain at "X" o'clock):
- ☐ Clitoris and Clitoral hood mobility:

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

Other: