



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: