



## Pelvic Assessment - General Information

**NOTE:** Any item left blank on the chart means that it was not applicable or performed.

Referral source:

Primary Doctor and/or Specialist:

Has seen a Doctor/Midwife/Specialist for current concerns/symptoms:

☐ Yes

☐ No

If yes, please provide more details.

☐ Informed consent for Assessment - Verbal consent obtained

☐ Informed consent for Treatment - Verbal consent obtained

Red flags and/or contraindications to having an internal vaginal or rectal exam



## Pelvic Assessment - General Information

General red flags (check all that apply):

- ☐ Night sweats
- ☐ Blood in urine
- ☐ Blood in stool
- ☐ Recent change in bowel habits
- ☐ Unexplained weight loss
- ☐ Other

If other, please provide more details.

Short term and long term goals: