CORNERSTONE
PHYSICAL THERAPY & BEHAVIORAL HEALTH
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WOMEN'S HEALTH

Name: _____
Date: _____

Obstetrical History: Not Applicable ☐

Number of pregnancies: _____ Number of vaginal deliveries: _____ Number of C-Sections: _____

Number of miscarriages: _____ Age of children: _____

Number of episiotomies: _____ Do you have a painful episiotomy scar? ☐ Yes ☐ No

If applicable, please describe any complications during childbirth: _____

_____

Are you planning to have children/any more children? ☐ Yes ☐ No

Are you currently attempting to become pregnant? ☐ Yes ☐ No

BLADDER SYMPTOMS

Please answer all questions.

Mark true, false, or not applicable (N/A), whichever is more appropriate:

I leak urine. If true, how long have you leaked urine? ☐ T ☐ F ☐ N/A

_____

I have to wear pads because of urine loss. If true, what kind? ☐ T ☐ F ☐ N/A

_____

Is the pad fully saturated when you change it? ☐ T ☐ F ☐ N/A

My bladder problem is bad enough that I have asked/thought about asking my doctor about surgery. ☐ T ☐ F ☐ N/A

I had a bladder operation: ☐ T ☐ F ☐ N/A
☐ Abdominal approach ☐ Vaginal approach

	T	F	N/A
I urinate more than 6x/day			
I urinate more than 2x/night			
My urine stream is consistent			
My urine stream starts and stops			
I have difficulty starting the urine stream			
I dribble urine after using the restroom			
After I urinate, I feel that my bladder is not completely empty			
My urine loss is a continual drip, so that I am constantly wet			
I leak urine when I cough, sneeze, laugh, or exercise			
I lose urine in small amounts			
I lose urine in large amounts and once it starts, I cannot stop the flow			
I often feel the urge to urinate before I leak			
I often leak when I am on the way to the bathroom			
The sound/sight of running water make me experience an urge to urinate			
I have pain in the region of my bladder			
It hurts to urinate			
I often lose urine during intercourse			
I have 2 or more bladder infections per year			

BOWEL SYMPTOMS

I leak feces. If yes, how often? ☐ T ☐ F ☐ N/A

_____

I have difficulty with passing gas when I don't want to ☐ T ☐ F ☐ N/A

I have trouble with constipation ☐ T ☐ F ☐ N/A

I use laxatives. If true, how often and what kind? ☐ T ☐ F ☐ N/A

_____

I have 2 or more bowel movements per week ☐ T ☐ F ☐ N/A

I have to "bear down" hard to have a bowel movement ☐ T ☐ F ☐ N/A

I feel that my bowels are never fully empty ☐ T ☐ F ☐ N/A

I have trouble with hemorrhoids ☐ T ☐ F ☐ N/A

My bowel movements are painful ☐ T ☐ F ☐ N/A

What are your feelings about your current medical condition on a scale of 1 to 10?
no impairment - ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 - severe impairment

GYNECOLOGY

Date of last pap smear: _____ Normal? ☐ Yes ☐ No

Date of last menstrual period? _____

Have you ever had a STD? ☐ Yes ☐ No If yes, when? _____

Have you ever been sexually assaulted? ☐ Yes ☐ No

Do you feel as if your organs are "falling out"? ☐ Yes ☐ No

Do you have trouble with pelvic pain? ☐ Yes ☐ No If yes, describe: _____

_____

Do you have pain with intercourse? ☐ Yes ☐ No Are you currently sexually active? ☐ Yes ☐ No

Dyspareunia is a medical term that describes painful penetration, which is graded on 3 levels: Level 1 - penetration is painful, but sexual activity occurs with same frequency Level 2 - penetration is painful, which limits sexual activity frequency Level 3 - painful and prevents penetration.

Which level are you? _____

During painful penetration, do you feel: (please check as many as apply:
☐ burning ☐ stinging ☐ ripping ☐ pain ☐ friction

Do you feel pain with deep penetration? Where is the pain?
☐ vagina ☐ bladder ☐ back ☐ hips ☐ other

Explain: _____

Can you reach orgasm? ☐ Yes ☐ No Does it make the pain worse? ☐ Yes ☐ No

Do you have pain, burning, or discomfort in the: ☐ Clitoris ☐ Vagina ☐ Labia ☐ Anus

How long has the pain been present? _____

How did the pain start? _____

Menopause? ☐ Yes ☐ No

Have you been on Hormone Replacement Therapy (HRT)? ☐ Yes ☐ No
Are you currently on HRT? ☐ Yes ☐ No
Dosage: Estrogen: _____ Progesterone:_____ Other:_____
If HRT was stopped, why? _____
Type: ☐ Pills ☐ Cream ☐ Patch