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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