



Women's Health Intake Form

Name: _____ Date of Birth: _____

Medical Diagnosis: _____

Physician(s): _____

Date returning to physician: _____

Date of injury/surgery/onset: _____

Reason(s) for seeking therapy:

Past Medical History :

Previous Surgeries:

Gynecologic History:

Number of Pregnancies: _____

Any Complications? _____

Number of Children Carried to Term: _____

Number of Vaginal Deliveries: _____

Longest Length of Pushing: _____

Number of Episiotomies or Tearing? _____

Number of Cesarean Sections: _____

Any Complications? _____

Weight of Children Delivered? _____

Have you been diagnosed with a pelvic prolapse? No Yes (type:) _____

Do You Currently Exercise?

- Sedentary (No exercise)
- Mild Exercise (Walk a few blocks, climb stairs, golf)
- Occasional Vigorous Exercise (Less than 30 min, 4x/week)
- Regular Vigorous Exercise (30 min or more, 4x/week or more)



Bowels:

How often do you have a bowel movement? _____

Do you experience constipation?	Yes	No
How do you manage it?	_____	
Do you strain to empty your bowels?	Yes	No
Do you experience diarrhea?	Yes	No
How do you manage it?	_____	
Do you experience leakage of gas/feces?	Yes	No
If yes, with what types of activities?	_____	

Daily Fluid Intake:

How much do you drink on an average day? _____

Types of fluid: _____

Do you restrict your fluids?	Yes	No
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Bladder:

How often do you urinate per day? _____

How often do you urinate at night? _____

Do you leak urine?	Yes	No
Coughing/Sneezing/Laughing	Yes	No
Lifting/Standing Up/Exercise	Yes	No
Strong Urge	Yes	No

Other: _____

What type of protective device do you use for urine loss? _____

Do your dribble urine?	Yes	No
Pain or Burning with urination?	Yes	No
Straining/Pushing to empty bladder?	Yes	No
Difficulty initiating a stream?	Yes	No
Feel that you cannot empty the bladder fully?	Yes	No
Do you have pain with a full bladder?	Yes	No

Sexual Function:

Are you currently sexually active?	Yes	No
Do you have difficulty with desire?	Yes	No
Do you have difficulty with arousal?	Yes	No
Do you have difficulty with orgasm?	Yes	No

Have you limited your sexual activities for any reason? If yes, please explain:
