Integrative Physical Therapy
Pelvic Floor – Women's Health

SportsCare
Integrative Physical Therapy

Name: _____ **Date of Birth:** _____

Do you now or have you had a history of the following?

	NOW	PAST		NOW	PAST
Bladder Infections	_____	_____	Constipation	_____	_____
Painful Intercourse	_____	_____	Abdominal Pain	_____	_____
Menopause	_____	_____	Endometriosis	_____	_____
Pelvic Pain	_____	_____	STD	_____	_____

Explain the above responses: _____

_____

Previous treatments and effectiveness: _____

_____

List surgeries and dates: _____

_____

Current exercise program: _____

Number of pregnancies: _____ **Number of deliveries:** _____

Date of birth: _____ **Size of child:** _____ **Problems:** _____

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Date of birth: _____ **Size of child:** _____ **Problems:** _____

Date of birth: _____ **Size of child:** _____ **Problems:** _____

Please indicate areas where you have pain: _____

_____

Please describe any activities you cannot do because of your problem: _____

_____

Other concerns not asked above: _____

_____

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In order to fully understand your individual diagnosis, we ask you answer the following questions.

Please be brief in your answers. If needed, your physical therapist will ask you to expand on your answer.

Are you currently sexually active? **NO YES**

If "no", have you been sexually active in the past? **NO YES**

Do you have any communicable diseases? **NO YES**

If "yes", please describe: _____

Has there been any sexual abuse in your past? **NO YES**

Have you had difficulty with past vaginal exams? **NO YES**

I give /deny my consent for my therapist to do a vaginal/rectal examination for the purpose of evaluating my condition and determining therapeutic treatment. (please circle one)

I understand I can terminate the procedure at any time.

I understand I am responsible for immediately telling my physical therapist if I am having any discomfort or unusual symptoms during the procedure.

I have the option of having a second person present in the room during this procedure and I refuse /choose this option. (please circle one)

I have read this consent form and understand its terms.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____