

NAME _____

PHONE _____

DATE _____

PHYSICIAN SIGNATURE _____

DIAGNOSIS

- ☐ Urinary Incontinence
- ☐ Urinary Urgency/Frequency
- ☐ Bowel dysfunction (constipation, incomplete emptying)
- ☐ Fecal Urgency/incontinence
- ☐ Pelvic Organ Prolapse

Type _____

- ☐ Pessary Fitting ☐ Pre-operative ☐ Post-operative
- ☐ Pregnancy related musculoskeletal pain
(low back, SIJ, pelvic girdle pain)
- ☐ Inflammatory Breastfeeding Conditions (mastitis, blocked ducts)
- ☐ Post-natal assessment
- ☐ Diastasis Recti
- ☐ Pelvic Pain
 - ☐ Dyspareunia ☐ Vulvodynia ☐ Vaginismus
 - ☐ Endometriosis ☐ Coccydynia ☐ Pudendal neuralgia
 - ☐ Other _____

MEN'S HEALTH

- ☐ Pre/post Prostatectomy
- ☐ Peyronie's Disease
- ☐ Pelvic pain
- ☐ Other _____

ADDITIONAL INFORMATION