Pg. 1

Patient Name: DOB: Doctor: Office:

Provider	DX Description:
DX:	DA Description.

Patient Intake & Progress Report (Provider Summary @ bottom of pg.3)

Patient-Reported Symptoms:

Stress Urinary Freq Urge Inc. Pelvic Pain Fecal Inc. Fecal Urge IC Pelvic Muscle Wasting

rge	Nocturia Dys	pareunia	Prolapse
S		Patier	Pelvic Floor Specialist
Avg. #	of times per day durin	g	
wakin	g hours you empty you	r	
bladde			
_	ge number of times pe		
	you empty your bladde	er?	
	u ever leak urine when		
	cough, jump or sneez	9?	
	u ever leak urine		
	ntercourse?	n o	
	ou able to stop your uri hen you are voiding?	ne	
	men you are voluling:	Dation	Pelvic Floor
0		Patier	Specialist
-	u ever feel a frequen		
	o empty your bladder	?	
•	u ever feel sudden		
	o empty bladder?		
•	u ever have bladder		
	ge on way to bathroom	?	
	u ever have bladder		
	ge and not aware of it?		
	u ever leak urine		
	sleeping?		
	ou ever taken		
	ation for OAB?		
Dia m	edications help?		
Р		Patier	Pelvic Floor Specialist
Do you	u feel like you empty y	our	Specialist
	er completely?		
	ops immediately after		
empty	bladder when stand?		
Ever fe	eel lump or bulge		
comin	g down in vagina?		
Which	word describes your		
	n when you empty you	r	
bladde	er?		
F		Patier	Pelvic Floor Specialist
Do you	u ever have difficulty		
مناملت ما	g back gas?		
noiain	ou ever had a slight		
		İ	1
Have y	ing of stool?		
Have y smear	_		
Have y smear Have y	ing of stool?		
Have y smear Have y liquid	ing of stool? you ever leaked		
Have y smear Have y liquid Averag	ing of stool? you ever leaked or solid stool?		

F continued	Patient	Pelvic Spec
Do you ever have a sudden		Spec
urge for bowel movement?		
Was there an event when feca	1	
leakage began?		
C	Patient	Pelvio
Average # of bowel movement	·s	Spec
per week.	.5	
Do you ever have less than 2		
bowel movements per week?		
Description of stool?		
2 000		
Do have any history of		
constipation?		
Do you ever have to strain wit	h	
a bowel movement?		
How do you control		
constipation?		
Do you ever need to perform		
a manual evacuation?		
Do you feel sensation to empty	У	
but cannot go?		
Ever feel like your bowels don'	t	
empty completely?		
Dys/PP	Patient	Pelvio
Do you experience pain or		Spec
discomfort with any of these?		
discomfort with any of these? What level is your pelvic pain?		
discomfort with any of these? What level is your pelvic pain?		
•		
What level is your pelvic pain?		
What level is your pelvic pain? If pain is with sex, is it at		
What level is your pelvic pain? If pain is with sex, is it at insertion or penetration?		
What level is your pelvic pain? If pain is with sex, is it at insertion or penetration? How would you describe the		
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What level is your pelvic pain? If pain is with sex, is it at insertion or penetration? How would you describe the pain? Have you ever had intercourse	2	
What level is your pelvic pain? If pain is with sex, is it at insertion or penetration? How would you describe the pain? Have you ever had intercourse w/o pain or discomfort?	2	
What level is your pelvic pain? If pain is with sex, is it at insertion or penetration? How would you describe the pain? Have you ever had intercourse w/o pain or discomfort? Do you have difficulty achievin	2	
What level is your pelvic pain? If pain is with sex, is it at insertion or penetration? How would you describe the pain? Have you ever had intercourse w/o pain or discomfort? Do you have difficulty achievin an orgasm?	2	
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Emg – Work tone

Acc Muscle Max

Acc Muscle Avg

Manometry Max Manometry

Avg

Avg

EMG Max

Patient Intake continued:

MISC continu	ed		Patio	ent	PF Sp	ecialist		CON	TRA	continu	ed	Pa	itient	PF S	pecialist	
How long have yo symptoms?	ou had								ou had t 6 wee	l pelvic s eks?	urgery	in				
How many vagin	al delive	ries?							ou had	cancer	in the					
How many C-sect	tions?									metal im	plants?	·				
CONTRA			Patio	ent	PF Sp	ecialist		Are yo	u being	treated	l for a					
Have you ever ha	ad a seiz	ure?						seriou	s cardia	ac arrhyt	:hmia?					
riave you ever rie	iu a 3012	ure:						Have	ou atte	empted	a total c	of 4				
Are you pregnan	t or co	ld bos								ic or ke						
(Electrical stimulation								exerci	ses in y	our lifeti	me?					
pregnant women.																
PATIENT:	Describ	e your	sympto	oms and	d list al	l pelvic	surger	ies.								
	E [,]	veryt	hing	Belov	w thi	s line	com	plete	ed by	/ Pelv	ic Flo	oor S _l	oecia	list		
								•								
DOS:																
F/U Date																
						Exerc	ise R	egime	: PF Sp	ecialist						
	Fast	Slow	Fast	Slow	Fast	Slow	Fast	Slow	Fast	Slow	Fast	Slow	Fast	Slow	Fast	Slow
# Sec to																
Contract:																
# Sec to																
Relax:												1				
# of Sets:																
	1	1	1	Uro	stvm	Mam	omet	rv and	d Fste	m Re	sulte	: PF Spe	rialist	l	<u> </u>	
Avg # Times Per Day Exercised				<u> </u>	y 111		<u> </u>	. , a	- LJEC		<u> </u>		-iuiist			
is Baseline Consistent																
Fatigue Point																
# Seconds above Amplitude Thres																
Allibilitude illies																
Milliamps During																

	Bladder D	iary - PF Specialist		Bowel Tracker- PF Specialist				
	First	Second	Third		First	Second	Third	
# Sm/Med/Lg # Urge in day				Bowel Movement/week				
Avg Void Volume				Bowel Urge rating (1 is low – 5)				
Avg Leak Vol				Stool Description				
Activities at leak				# Fecal Leaks Per Month				
Daily Fluids				Amount of Soil				
Avg H2O/Total Fluids Daily				Daily Fiber Intake				

Plan of Care : PF Specialist							

		Patient Education Platient	an: PF Specialist	
Bladder/ Bowel Diary	OAB (H2O)	Fecal Inc. (H2O)	3 Elements	3 MOA
Intake	Irritants	Fecal Urge	Cycle Dyspareunia	Compare Diary
Mano / Estem	1IC	Constipation (H2O)	Dilator	Update Symptoms
Contacts & RS	Fluid Mgmt	Holy Tea	Vaginal Rejuv.	Maint.
Pt Ed Videos	911	Fiber Mgmt	IC	Review / IHC Commitment
Expectations	Nocturia	Squatty Potty		
Fast & Slow Instruct.	Prolapse			
STRESS	Pelvic Safe Activity			

Provider Summary: Symptoms & Patient Progress

Data	•
Date	•