

**Patient Name:**

**DOB:**

**Doctor:**

**Office:**

Provider  
DX:  **DX 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
- Urge    Nocturia    Dyspareunia    Prolapse    Constipation    Enuresis    Non-Relax Puborectalis    Atrophy

<b>S</b>	<b>Patient</b>	Pelvic Floor Specialist
Avg. # of times per day during waking hours you empty your bladder?		
Average number of times per night you empty your bladder?		
Do you ever leak urine when laugh, cough, jump or sneeze?		
Do you ever leak urine with intercourse?		
Are you able to stop your urine flow when you are voiding?		
<b>O</b>	<b>Patient</b>	Pelvic Floor Specialist
Do you ever feel a <b>frequent</b> need to empty your bladder?		
Do you ever feel <b>sudden</b> need to empty bladder?		
Do you ever have bladder leakage on way to bathroom?		
Do you ever have bladder leakage and not aware of it?		
Do you ever leak urine while sleeping?		
Have you ever taken medication for OAB?		
Did medications help?		
<b>P</b>	<b>Patient</b>	Pelvic Floor Specialist
Do you feel like you empty your bladder completely?		
Any drops immediately after empty bladder when stand?		
Ever feel lump or bulge coming down in vagina?		
Which word describes your stream when you empty your bladder?		
<b>F</b>	<b>Patient</b>	Pelvic Floor Specialist
Do you ever have difficulty holding back gas?		
Have you ever had a slight smearing of stool?		
Have you ever leaked liquid or solid stool?		
Average # of stool leaks or smears per month:		
Any triggers for stool leakage?		

<b>F</b> continued	<b>Patient</b>	Pelvic Floor Specialist
Do you ever have a sudden urge for bowel movement?		
Was there an event when fecal leakage began?		
<b>C</b>	<b>Patient</b>	Pelvic Floor Specialist
Average # of bowel movements per week.		
Do you ever have less than 2 bowel movements per week?		
Description of stool?		
Do have any history of constipation?		
Do you ever have to strain with a bowel movement?		
How do you control constipation?		
Do you ever need to perform a manual evacuation?		
Do you feel sensation to empty but cannot go?		
Ever feel like your bowels don't empty completely?		
<b>Dys/PP</b>	<b>Patient</b>	Pelvic Floor Specialist
Do you experience pain or discomfort with any of these?		
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 achieving an orgasm?		
Do you feel your vagina is too loose or lax?		
Do you experience vaginal dryness?		
<b>MISC</b>	<b>Patient</b>	Pelvic Floor Specialist
Average number of pads worn daily?		
When you change pads, if any leakage, are they.....		
Is the size of pads....		



<b>Bladder Diary - PF Specialist</b>				<b>Bowel Tracker - PF Specialist</b>			
	<b>First</b>	<b>Second</b>	<b>Third</b>		<b>First</b>	<b>Second</b>	<b>Third</b>
# 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**

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**Patient Education Plan: PF Specialist**

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

**Provider Summary: Symptoms & Patient Progress**

**Provider Signature:**

**Date:**