

goPhysio

PELVIC FLOOR HISTORY QUESTIONNAIRE

All the information that you provide in this questionnaire is strictly confidential and will become part of your goPhysio physiotherapy record.

TODAY'S DATE	
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NAME	Date Of Birth
Occupation	Leisure Activities
GP	Home tel. no.
GP Surgery	Mobile tel. no.

PERSONAL HISTORY

GYNAECOLOGY SURGERY OR PROCEEDURES	Approx. dates
OTHER SURGERY OR PROCEEDURES	Approx. dates

Number of children		Ages or Dates of birth:-
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CHILDBIRTH EXPERIENCES -		Please tick those that apply :	
Vaginal delivery		Tears / Episiotomy	
Forceps		Caesarean section	

Are you still having regular periods? YES / NO

When was your last smear test? _____

Have you had an abnormal result? YES / NO

PAST MEDICAL HISTORY.			
PLEASE TICK THOSE THAT APPLY TO YOU			
Cancer		Thyroid problems	
Heart Condition		Cystitis	
Diabetes		Anxiety/depression	
Respiratory problems		Infections or skin problems	
Spinal problems		Allergy	
Epilepsy		Mobility problems	
Conditions affecting your nerves or brain		Hearing problems	
		Eyesight problems	
Please use this space for any other information you would like to mention		Please list medications / drugs	

Please explain your main reason for requesting pelvic floor physiotherapy, such as the symptoms that bother you or the problems you are having.

Thank you very much for providing this information.