

WOMEN'S HEALTH PHYSIOTHERAPY FORM

GENERAL INFORMATION

First and last name		Identity code and age		Date	
E-mail		Telephone number		Staying at home with kid since	
Retired since		Eating habits (healthy/unhealthy)		Smoking (yes / no) / cigarettes a day	
Body weight		Satisfaction with weight (yes / no)		Intensity of work (sitting/ standing / moving)	
Physical activity (nothing / a little / active / intense)		Main reason for visit (for example abdominal issues, urine leakage etc)		When the problem started	
Has the problem worsened over time? (yes / no / remained the same)		Please rate your health 1–10 (1- very good; 10 – very bad)			
Main goal and expectations to the visit (for example reduce back pain, lose weight, work on flatter stomach etc)					

HEALTH CONDITION *Please mark your answer below if you experience it.*

Headache	Neck pain	Back pain	Hip/leg pain	Pelvic pain	Stomach pain
Blood pressure (high / low)	Balance problems	Scoliosis	Chronic cough / rhinitis	Thyroid problem	Painful sexual intercourse
Desensitised sexual intercourse	Organ prolapses	Irregular menstruation	Painful menstruation	Menopause	Hemorrhoids
Chronic constipation	Chronic diarrhea	Urine, gas, or bowel leakage	High level of stress at work	Depression	Constant fatigue
Other health problems			Regular medications		
Surgeries (back, stomach or pelvic area)			Traumas		

PREGNANCIES AND BIRTHS

Children's ages	During which week of pregnancy did you give birth?	How many kilos did you gain during pregnancy?
Were you active during pregnancy? (yes / no)	Artificial insemination (yes / no)	Miscarriages (yes / no)
Description of earlier births (vaginal / C-section / epidural / breech position / vacuum extraction / induced labor / perineal tear etc)		

ASSESSMENT OF QUALITY OF LIFE

URINATION Answer all questions based on your current health state. Please mark your answer below.

Assessment for the symptom and how much it bothers you	Not disturbing	Somewhat disturbing	Fairly disturbing	Very disturbing
Frequent need to urinate				
Urine leakage when need to urinate				
Urine leakage due to coughing, sneezing, or laughing				
Urine leakage in small amounts (drops)				
Problems emptying the bladder				
Pain or discomfort in lower stomach or genital area				

BOWEL MOVEMENT

Assessment for the symptom and how much it bothers you	Not disturbing	Somewhat disturbing	Fairly disturbing	Very disturbing
It takes an effort to empty my bowel				
After emptying the bowel it still feels like it's not empty				
I experience uncontrollable solid bowel leakage				
I experience uncontrollable liquid bowel leakage				
I experience uncontrollable gas leakage				
I experience pain when emptying my bowel				
The need to empty my bowel is unexpected and rushed				
I experience rectum prolapse when emptying my bowel				

PELVIC ORGAN PROLAPSES

Assessment for the symptom and how much it bothers you	Not disturbing	Somewhat disturbing	Fairly disturbing	Very disturbing
Pressure in lower abdomen				
Tension or numbness in vaginal area				
I experience something visible and tangible coming out of the vaginal area				
To empty my bladder, I need to push on the vagina or rectal area				
To start or end urination, I need to push on the external area in the vaginal area				

DAILY ACTIVITIES

Do these symptoms affect the activities below?	Bladder or urination	Rectum or bowel movement	Vagina or pelvis
Doing housework (cooking, cleaning, laundry)	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot
Being physically active (walking, swimming, exercising etc)	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot
Enjoying free time (going to concerts or movies)	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot
Travelling by car or bus with the assumption that the trip is longer than 30 minutes	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot
Being active in community	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot
Emotional state (nervousness, depression etc)	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot
Do these problems bother you?	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot	<input type="checkbox"/> No problem <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot

The physiotherapist can recommend a more comprehensive abdominal and pelvic floor muscle assessment. The need for additional examinations and assessments will be determined during the consultation.

- Pelvic floor muscle vaginal assessment (no additional cost)
- Abdominal ultrasound examination (15 €)
- Electromyography (EMG) of pelvic floor muscles (27 €)

Physiotherapist Helle Nurmsalu, FT Msc has received her masters degree in physiotherapy from University of Tartu. Physiotherapeutic treatment is voluntary and at patient's own risk.

We confirm that the patient's data is confidential and will not be revealed to third parties.

/ Name and signature /