



Patient Name _____ DOB: _____

Home Phone _____ Cell Phone _____

Evaluate and treat Evaluate and discuss with provider Specific treatments

Special Instructions / Test Results _____

Genitourinary Disorders

- Prolapse/type: _____
- Stress urinary incontinence
- Mixed urinary Incontinence
- Urge Incontinence
- Urinary frequency
- Dysuria
- Retention of urine
- Hypertonicity/Overactive Bladder

Pelvic Pain

- Dyspareunia
- Endometriosis
- Interstitial cystitis/painful bladder syndrome
- Painful scar
- Pelvic pain
- Prostatitis/painful bladder syndrome
- Vaginismus
- Vulvodynia/Vestibulitis

Colorectal

- Constipation/ Muscular outlet obstruction
- Fecal incontinence
- Proctalgia Fugax/ Anal spasm

Pelvic Muscle Dysfunction

- Muscle incoordination
- Myalgia Syndrome/ Muscle Dysfunction
- Muscle spasm
- Muscle weakness

Musculoskeletal Conditions

- Prenatal muscle disorder
- Postnatal muscle disorder
- Coccydynia
- Diastasis Recti
- Hip Joint/Pelvis/Thigh Pain
- Low back pain
- Pelvic/Hip Segmental Dysfunction
- SI dysfunction

Post Surgical

- Bladder /Type _____
- Hysterectomy
- C-Section
- Prostatectomy
- Post Radiation/Chemotherapy
- Gender Affirming /Type: _____
- Episiotomy/tear in vaginal delivery

Provider Signature _____ Date _____

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