PHYSICAL THERAPY for WOMEN

Health History Questionnaire

Name _____ Date _____ Age ____
Birth date _____ Height ____ Weight ____
May I contact you via e-mail? Y / N E-mail Address _____
Healthcare provider name/phone number _____
Date of last doctor visit ____ Last pelvic exam ____ Last urinalysis ____
Previous tests for the condition for which you are coming to P.T.
_____
_____

Do you have a history of the following?

Y/N Bladder infections
Y/N Pelvic pain
Y/N Low back pain
Y/N Diabetes
Y/N Multiple sclerosis
Y/N Stroke
Y/N Allergies
Y/N Asthma
Y/N Childhood bladder problems
Y/N Trouble holding back gas
Y/N Trouble initiating urine stream
Y/N Vaginal dryness
Y/N Trouble emptying bladder
Y/N Constant dribbling of urine
Y/N Neurological disorder
Y/N Constipation
Y/N Joint problems
Y/N Abdominal pain
Y/N Broken bones
Y/N Heart disease
Y/N Emphysema/bronchitis
Y/N High blood pressure
Y/N Sexually transmitted disease
Y/N HIV/AIDS
Y/N Fecal incontinence
Y/N Smoking
Y/N Blood in urine
Y/N Trouble feeling bladder fullness
Y/N Cancer

If you answered yes to any of the above conditions, please explain below:
_____
_____
_____
_____

Surgical history:
Y/N Surgery for back/spine
Y/N Surgery for your brain
Y/N Surgery for your abdominal organs
Y/N Surgery for bladder
Y/N Surgery for your prostate

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If you answered yes to any of the above conditions, please explain below:
_____
_____
_____
_____

OB/Gyn history (women only):

Y/N	Surgery for your female organs	Y/N	Painful periods
Y/N	Painful penetration	Y/N	C-Section # ____
Y/N	Vaginal deliveries # ____	Y/N	Episiotomy # ____
Y/N	Difficult childbirth	Y/N	Prolapse or falling out feeling

If you answered yes to any of the above conditions, please explain below:
_____
_____
_____
_____

Please list your current medications and reasons for them:
_____
_____
_____
_____

Social History:
Marital Status _____ Occupation _____
Educational Level: High School College Graduate Degree
Hobbies _____
What type of exercise are you involved in? _____

Circle all the words that describe how you are feeling these days:
happy calm sad stressed overwhelmed strong lonely lethargic
content energetic weak optimistic overworked rested

What are your specific goals for physical therapy? (circle all that apply)
Lessen pain Increase bladder/bowel control Increase mm strength/tone
Other _____