

Your name: _____ **Date of Birth:** _____ **Today's Date:** _____

Please provide brief replies to the following questions:

1) Any previous pregnancies? Was it a difficult labor and delivery or was there any trauma during childbirth?

2) What is your current weight? Past weight? Are you considered overweight or obese?

4) Are you menopausal or taking hormone replacement therapy? Ever been tested for estrogen levels?

5) Do you history of constipation or straining with bowel movements?

6) Have you ever had or do you currently have a cough or or history of bronchitis?

7) Do you currently engage in or have you had to engage in repeated heavy lifting in the past?

8) Have you had any prior pelvic surgeries?

9) Have you ever have a sensation of heaviness or pulling in your pelvis ?

10) Do you have any urinary problems, such as urine leakage or urine retention ?

11) Do you have trouble having a bowel movement ?

12) Do you have any sexual concerns such as painful intercourse?

13) Do you still menstruate? Do you have or have you ever had painful and/or irregular periods ?

14) Do you have any back, hip, leg, pelvic and/or abdominal pain ?

15) Have you ever had any hemorrhoids or varicose veins ?

16) Do you have or ever had any fertility challenges ?

17) How active or sedentary is your lifestyle? Do you stand all day? Sit all day?

Your name: _____ Date of Birth: _____ Today's Date: _____

Please mark an "X" next to any of the symptoms below that you have experienced within the past six months:

- A feeling of fullness or pressure in the pelvic area
- Discomfort when straining, coughing, or bearing down or lifting
- A feeling of not having completely emptied one's bladder after urinating
- Repeated bladder infections
- Pain during sexual intercourse
- Infertility

Local Pelvic

- bladder incontinence
- history of abdominal or pelvic bloating
- current, chronic, or recurring pelvic pain
- history of constipation
- dysmenorrhea / premenstrual syndrome
- endometriosis
- history of uterine fibroids or cysts
- vomiting during past pregnancies
- hormone replacement therapy or in-vitro fertilization
- episiotomy during past birth deliveries
- history of sciatica
- vesico-urethral reflux

Global Structural

- Any spinal malformations such as scoliosis ?
- Any menstrual headaches and migraines ?
- Any Lumbar Spinal Dysfunction ?
- Any Sacral Torsions or Compaction ?
- Sciatica ?
- Any recurring low back pain despite treatment?

Systemic Indications

- Any Anxiety and depression ?
- Any Digestive Bloating ?
- Any Carpal tunnel syndrome during Pregnancy ?
- Any Constipation ?
- Any Dysmenorrhea ?
- Any Menopausal symptoms ?
- Any Vesico- ureteral reflux ?
- Any history or injuries or fractures? where?