

Chronic Pelvic Pain Assessment – Gynaecological, Urinary and Anorectal Pain

NAME: _____ Age: _____ DOB: _____ G ___ P ___

PRIMARY COMPLAINT: _____

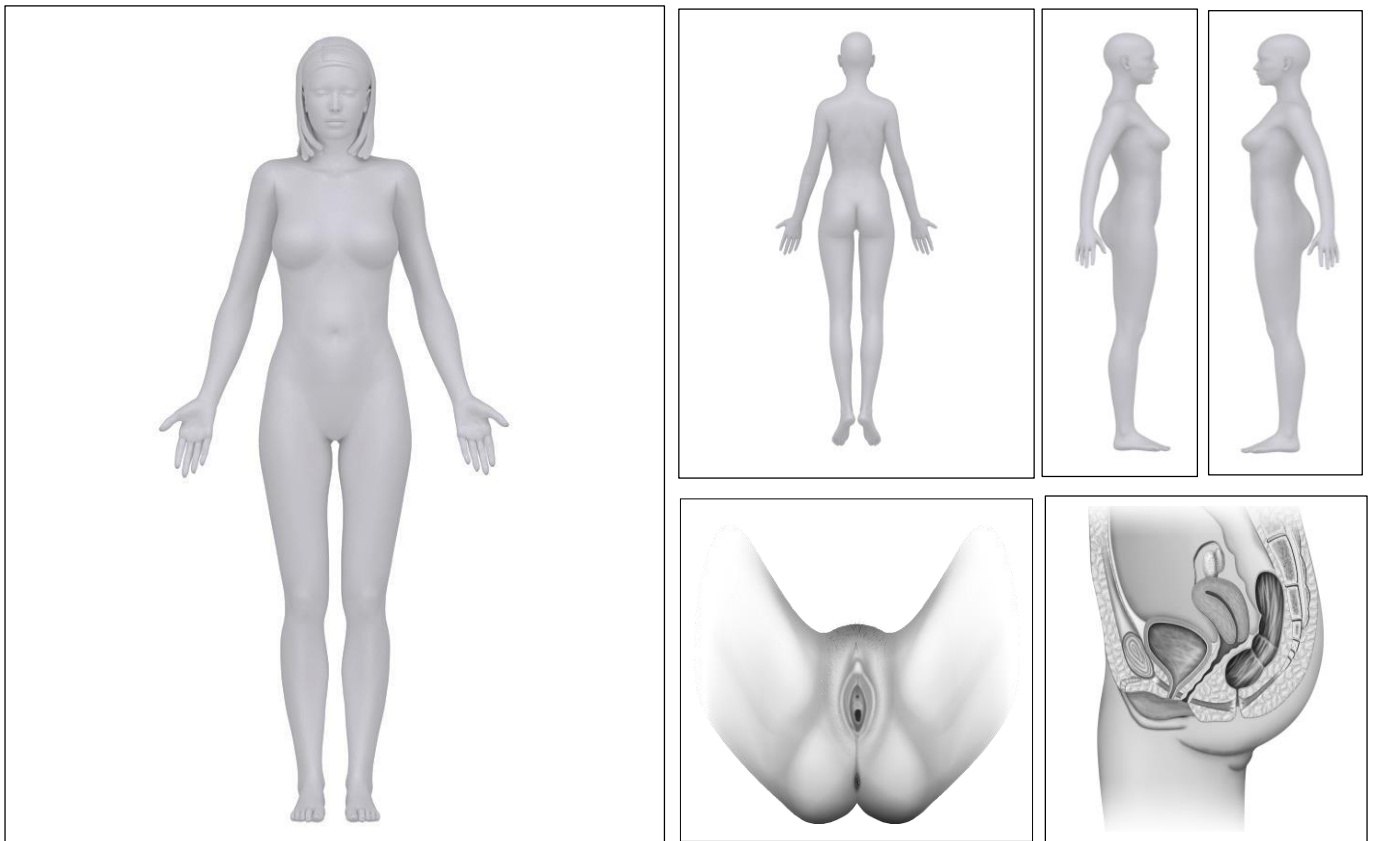
MENSTRUAL CYCLE

Menstrual Cycle Length = ___ / ___
 Dysmen. VAS = ___ for ___ / 7
 Pain Relief = _____
 Menorrhagia _____

Amenorrhic Pre-Menarche
 Post-Menopausal
 OCP – Skipping Sugar
 Mirena
 Other: _____

PAST SURGERY _____

PATIENT'S PAIN DESCRIPTION: shade location, VAS (base) → VAS (flare), Pain Descriptor, Common Days of Cycle, Aggravating Factors



RESULTS OF VAGINAL EXAMINATION:

