in Touch

Physical Therapy

Men's Health Therapy Questionnaire

Patient Name: ______________________ Age: _____ Date: ______________

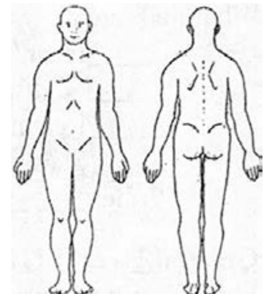
What brings you here for treatment today? ______________________________

When did this begin? ______________________________

Please fill in the following questionnaire to the best of your ability. Your therapist will review the answers with you, and help you answer any questions that are confusing. Thanks for taking time to fill out this questionnaire!

History

Do you have a history of sexual abuse or trauma?	Y	N
Do you have frequent urinary tract infections?	Y	N



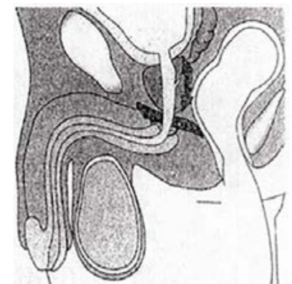
Pain Rate your pain with each activity on the Pain Scale 0-10:
(0 = no pain, 10 = need to seek urgent medical attention)

Do you have pain with:			0 ... 10
Sexual intercourse	Y	N	I----------------------------I
Erection	Y	N	I----------------------------I
Orgasm	Y	N	I----------------------------I
Other	Y	N	I----------------------------I
Do you have back, leg, groin, abdominal pain?	Y	N	I----------------------------I

Describe: ______________________________

____

Indicate area of pain on figure above and below.



Test results

Urodynamics test	Y	N	~date/results: ____________
Cystoscope	Y	N	~date/results: ____________
Urine tests	Y	N	~date/results: ____________
Bowel tests	Y	N	~date/results: ____________
X-Ray, MRI, CT Scan	Y	N	~date/results: ____________

Bladder Symptoms:

Do you wet the bed?	Y	N	Do you have a "falling out feeling?	Y	N
Have burning/pain with urination?	Y	N	Feel unable to empty bladder?	Y	N
Strain to empty your bladder?	Y	N	Difficulty starting stream of urine?	Y	N
Have a frequent, strong urge to urinate?	Y	N	Have pain with a full bladder?	Y	N

~Number of times you urinate during day: ~Number of times you urinate at night: _____

When you leak, how much do you leak?

_____droplets need to change underwear _____need to change pad.

Do you lose urine when you:

Cough/sneeze/laugh?	Y	N	Feel nervous or anxious?	Y	N
Have intercourse?	Y	N	Lift/exercise/dance/jump?	Y	N
Walk to the bathroom?	Y	N	Hear running water?	Y	N
Enter your home/key in the door?	Y	N	Running?	Y	N

Other______________________

(Turn Over)