## in Touch

## Physical Therapy

#### Men's Health Therapy Questionnaire

Patient Name:					Age:	Date:		
What brings you here for tro	eatment	today?						
When did this begin?								
Please fill in the following q you, and help you answer ar	uestion	naire to	the best	of your a	bility. Your thera	pist will review the a		
History								
					Y N			0
Do you have frequent urinary tract infection					Y N	52		1
7 1	J					PC		1)()
Pain Rate	WOULE O	nin with	each act	ivity on th	ne Pain Scale 0-10		1 /1-	1
					t medical attentio		1) 21.	4/
Do you have pain with:	по рап.	1, 10 – 11	iceu io s	eek uigen	0	10	m m	1/
Sexual intercourse			Y	N	I	(-()-(	1	11
Erection			Y	N	I	\     /	\	11
Orgasm			Y	N		CHEN CHA	<	90
Other			Y		I	_		
Do you have back, leg, groin	n abdor	— minal na				T 1'	ate area	of
Do you have back, leg, gion	ii, abdoi	тта ра	m. (Circ	sie Oliej	1	pain	on figur	e
Describe pain or functional	limitatio	ons.				abov	e and	
Describe pain of famousia.	111111111111111111111111111111111111111	01101				belov	v.	
Test results								)13/
1000100010							DI	451
Urodynamics test	Y	Ν	~dat	e/results:			20	
Urodynamics test	Y Y	N N						
Cystoscope	Y	N	~dat	e/results:				
Cystoscope Urine tests	Y Y	N N	~dat ~dat	e/results: e/results:			T	
Cystoscope Urine tests Bowel tests	Y Y Y	N N N	~dat ~dat ~dat	e/results: e/results: e/results:				
Cystoscope Urine tests	Y Y	N N	~dat ~dat ~dat	e/results: e/results: e/results:				
Cystoscope Urine tests Bowel tests X-Ray, MRI, CT Scan	Y Y Y	N N N	~dat ~dat ~dat	e/results: e/results: e/results:				
Cystoscope Urine tests Bowel tests X-Ray, MRI, CT Scan  Bladder Symptoms:	Y Y Y	N N N	~dat ~dat ~dat ~dat	e/results: e/results: e/results: e/results:			Y	N
Cystoscope Urine tests Bowel tests X-Ray, MRI, CT Scan  Bladder Symptoms: Do you wet the bed?	Y Y Y Y	N N N N	~dat ~dat ~dat ~dat Y	e/results: e/results: e/results: e/results:	Do you have a "	falling out feeling?	Y	N
Cystoscope Urine tests Bowel tests X-Ray, MRI, CT Scan  Bladder Symptoms: Do you wet the bed? Have burning/pain with	Y Y Y Y	N N N N	~dat ~dat ~dat ~dat Y Y	e/results: e/results: e/results: e/results: e/results:	Do you have a "Feel unable to en	falling out feeling?	Y	N
Cystoscope Urine tests Bowel tests X-Ray, MRI, CT Scan  Bladder Symptoms: Do you wet the bed? Have burning/pain with Strain to empty your bla	Y Y Y Y	N N N N	~dat ~dat ~dat ~dat Y Y	e/results: e/results: e/results: e/results: N N N	Do you have a "Feel unable to end Difficulty starting."	falling out feeling? mpty bladder? g stream of urine?	Y Y	N N
Cystoscope Urine tests Bowel tests X-Ray, MRI, CT Scan  Bladder Symptoms: Do you wet the bed? Have burning/pain with Strain to empty your bla Have a frequent, strong	Y Y Y Y urinati	N N N N on?	~dat ~dat ~dat ~dat  ~dat  Y  Y  Y  Y	e/results: e/results: e/results: e/results: e/results:	Do you have a "Feel unable to end Difficulty starting Have pain with a	falling out feeling? mpty bladder? g stream of urine? a full bladder?	Y Y Y	N
Cystoscope Urine tests Bowel tests X-Ray, MRI, CT Scan  Bladder Symptoms: Do you wet the bed? Have burning/pain with Strain to empty your bla Have a frequent, strong ~Number of times you	Y Y Y Y urinati adder? urge to urinate	N N N N on?	~dat ~dat ~dat ~dat Y Y Y Y Y Y S S S S S S S S S S S S S	e/results: e/results: e/results: e/results: N N N	Do you have a "Feel unable to end Difficulty starting Have pain with a	falling out feeling? mpty bladder? g stream of urine?	Y Y Y	N N
Cystoscope Urine tests Bowel tests X-Ray, MRI, CT Scan  Bladder Symptoms: Do you wet the bed? Have burning/pain with Strain to empty your bla Have a frequent, strong ~Number of times you When you leak, how mu	Y Y Y Y urinati adder? urge to urinate	N N N N on?	~dat ~dat ~dat ~dat Y Y Y Y Y ay:	e/results: e/results: e/results: e/results: N N N N N	Do you have a "Feel unable to end Difficulty starting Have pain with a ~Number of time."	falling out feeling? mpty bladder? g stream of urine? a full bladder? nes you urinate at nig	Y Y Y ght:	N N
Cystoscope Urine tests Bowel tests X-Ray, MRI, CT Scan  Bladder Symptoms: Do you wet the bed? Have burning/pain with Strain to empty your bla Have a frequent, strong ~Number of times you	Y Y Y Y urinati adder? urge to urinate	N N N N on?	~dat ~dat ~dat ~dat Y Y Y Y Y ay:	e/results: e/results: e/results: e/results: N N N N N	Do you have a "Feel unable to end Difficulty starting Have pain with a	falling out feeling? mpty bladder? g stream of urine? a full bladder?	Y Y Y ght:	N N
Cystoscope Urine tests Bowel tests X-Ray, MRI, CT Scan  Bladder Symptoms: Do you wet the bed? Have burning/pain with Strain to empty your bla Have a frequent, strong ~Number of times you When you leak, how mudroplets	Y Y Y Y urinati adder? urge to urinate ach do y	N N N N on?	~dat ~dat ~dat ~dat Y Y Y Y Y ay:	e/results: e/results: e/results: e/results: N N N N N	Do you have a "Feel unable to end Difficulty starting Have pain with a ~Number of time."	falling out feeling? mpty bladder? g stream of urine? a full bladder? nes you urinate at nig	Y Y Y ght:	N N
Cystoscope Urine tests Bowel tests X-Ray, MRI, CT Scan  Bladder Symptoms: Do you wet the bed? Have burning/pain with Strain to empty your bla Have a frequent, strong ~Number of times you When you leak, how mudroplets  Do you lose urine when you	Y Y Y Y urinati adder? urge to urinate ach do y	N N N N on?	~dat ~dat ~dat ~dat Y Y Y Y ay:	e/results: e/results: e/results: e/results: N N N N O Change	Do you have a "Feel unable to endifficulty startine Have pain with a ~Number of time underwear	falling out feeling? mpty bladder? g stream of urine? a full bladder? nes you urinate at nigneed to chang	Y Y Y ght:	N N N
Cystoscope Urine tests Bowel tests X-Ray, MRI, CT Scan  Bladder Symptoms: Do you wet the bed? Have burning/pain with Strain to empty your bla Have a frequent, strong ~Number of times you When you leak, how mudroplets  Do you lose urine when you Cough/sneeze/laugh?	Y Y Y Y urinati adder? urge to urinate ach do y	N N N N on?	~dat ~dat ~dat ~dat  Y Y Y Y A  ay:	e/results: e/results: e/results: e/results: N N N N O Change	Do you have a " Feel unable to end Difficulty starting Have pain with a  ~Number of time underwear  Feel nerv	falling out feeling? mpty bladder? g stream of urine? a full bladder? nes you urinate at nigneed to chang	Y Y Y ght: e pad.	N N N
Cystoscope Urine tests Bowel tests X-Ray, MRI, CT Scan  Bladder Symptoms: Do you wet the bed? Have burning/pain with Strain to empty your bla Have a frequent, strong ~Number of times you When you leak, how mudroplets  Do you lose urine when you Cough/sneeze/laugh? Have intercourse?	Y Y Y Y urinati adder? urge to urinate ach do y	N N N N on?	~dat ~dat ~dat ~dat Y Y Y Y ay:	e/results: e/results: e/results: e/results: e/results: N N N N N N N N N N N N N N N N N N N	Do you have a " Feel unable to en Difficulty startin Have pain with a ~Number of tim underwear  Feel nerv Lift/exer	falling out feeling? mpty bladder? g stream of urine? a full bladder? nes you urinate at nigneed to chang vous or anxious? rcise/dance/jump?	Y Y Y ght: e pad.	N N N
Cystoscope Urine tests Bowel tests X-Ray, MRI, CT Scan  Bladder Symptoms: Do you wet the bed? Have burning/pain with Strain to empty your bla Have a frequent, strong ~Number of times you When you leak, how mudroplets  Do you lose urine when you Cough/sneeze/laugh? Have intercourse? Walk to the bathroom?	Y Y Y Y  Y  urinati  dder?  urge to  urinate  ach do y	N N N N on? urinate? during d	~dat ~dat ~dat ~dat Y Y Y Y A A A A A A A A A A A A A A A	e/results: e/results: e/results: e/results: N N N N N N N N N N N N N N N N N N N	Do you have a " Feel unable to en Difficulty startin Have pain with a ~Number of tim underwear  Feel nerv Lift/exen	falling out feeling? mpty bladder? g stream of urine? a full bladder? nes you urinate at nig need to chang vous or anxious? rcise/dance/jump? uning water?	Y Y Y Sht:	N N N — N N
Cystoscope Urine tests Bowel tests X-Ray, MRI, CT Scan  Bladder Symptoms: Do you wet the bed? Have burning/pain with Strain to empty your bla Have a frequent, strong ~Number of times you When you leak, how mudroplets  Do you lose urine when you Cough/sneeze/laugh? Have intercourse?	Y Y Y Y  Y  n urination dder? urge to urinate such do y  n:	N N N on? urinate? during d rou leak?  or?	~dat ~dat ~dat ~dat Y Y Y Y ay:	e/results: e/results: e/results: e/results: e/results: N N N N N N N N N N N N N N N N N N N	Do you have a " Feel unable to en Difficulty startin Have pain with a ~Number of tim underwear  Feel nerv Lift/exer	falling out feeling? mpty bladder? g stream of urine? a full bladder? nes you urinate at nig need to chang vous or anxious? rcise/dance/jump? uning water?	Y Y Y ght: e pad.	N N N

# in Touch

## Physical Therapy

Bowel Symptoms	1	<b>X</b> 7	<b>N</b> T	Bristol S	Stool Chart	
Strain to have a bow	el movement?	Y	N			
Leak/stain feces?	(بعاله واجموعه وم	Y Y	N N		Separate hard lumps, like no (hard to pass)	uts
Take laxatives/enem Leak gas by accident	· .	Y	N N		300 AND 100 TO 100 AND	
Have pain with bowe		Y	N	Type 2 Sausage-shaped but lumpy		
*	ng urges to move bowels?  nove your bowels:  consistency:	Y per	N day, week	Type 3 Like a sausage but with cracks or its surface		
	Stool Chart at right)				Like a sausage or snake, sm and soft	ooth
Heat/Ice	oms (bladder, bowel or pair Medic		r?		Soft blobs with clear-cut ed (passed easily)	iges
Nighttime Resting Standing	Sitting	5	nges		Fluffy pieces with ragged ed mushy stool	dges, a
	warkii				Watery, no solid pieces.  Entirely Liquid	
General Health Histor	<u>v</u>					
	$\frac{1}{100}$	weeks	?			
Sleep disturbance	Night sweats	Ni	ght pain	Weakness		
Numbness	Dizziness	Tingling		Fatigue		
Headaches	Swelling	Vc	miting	Abdominal p	pain	
Nausea	Fever		nills		weight loss/gair	1
Have you ever been di	<i>iagnosed</i> with any of the f	fallowin	na aonditia	•	0 ,0	
Diabetes	Y	юноwн N	Stroke	115;	Y	N
Osteoporosis	Y	N	Smoking	- Habit	Y	N
Heart Problems	Y	N	Fibromyalgia		Y	N
Cancer:	Y	N	J	O		
Туре	Date					
· -	(s):					
	/INJURIES/MEDICAL ( Gurgery/Medical Condition			Reason:		
Please list how many.  Prescription Medications	Over-the-Counter and Pressure stions/Supplements				<u>.</u>	veeks
Do you have any produ How would you rate yo	uct allergies? ie. Latex etc our general health?	. please l Pooi	list r / Fair / <b>(</b>	Good / Excellent		
What do you hope to acl	hieve when you are finished	l with p	hysical thera	ару?		
Patient signature:				Date:		
S						