

**Special Sections:** (Please complete the sections that have been checked below.)

**\_\_\_ Breast Health:**

Breast Changes (e.g. discharge, inverted nipples (new), dimpling, redness, swelling, rash)

Breast Cancer (current or past)

If yes, please check treatment(s) received:

\_\_\_ Mastectomy: \_\_\_ Full or \_\_\_ partial (lumpectomy)

\_\_\_ Chemotherapy

\_\_\_ Radiation

\_\_\_ Reconstruction: Procedure Used? \_\_\_\_\_

**\_\_\_ Reproductive History:**

Menstruation: Age of first period \_\_\_\_\_

Date of last menstrual period \_\_\_\_\_

Length of cycle \_\_\_\_\_

Regularity of cycle \_\_\_\_\_

Symptoms / PMS \_\_\_\_\_

Obstetric: Currently trying to conceive \_\_\_\_\_

# pregnancies: # live births:

# vaginal deliveries: Baby sizes:

# episiotomies: # tears: Tear size:

# cesarean deliveries: Forceps:Suction:

# miscarriages: # abortions:

Childbirth complications / Difficulty Delivery:

Medications during childbirth:

Pregnancy complications:

Postpartum recovery:

Menopause: Age at 1<sup>st</sup> perimenopausal sx?

Age at menopause?

Symptoms:

Severity:

Interventions used:

**\_\_\_ Bowel and Bladder Function:**

**Bladder Function:** How often are you emptying your bladder...

Daytime \_\_\_\_\_ Nighttime \_\_\_\_\_

Do you experience a strong, sudden urge to "go"?

Loss of bladder control \_\_\_ no \_\_\_ yes

How often? \_\_\_\_\_

When? \_\_\_\_\_

How much? \_\_\_\_\_

Protection Used? \_\_\_\_\_

Do you empty your bladder completely?

Any pain, burning, or discomfort with urination?

Difficulty stopping / starting urine flow?

Weak or slow urine stream?

Dribbling after stream ends?

Changes to urine (e.g. blood, abnormal color/odor)?

Pelvic pressure, heaviness, aching, falling out feeling?

**Bowel Function:** How often do you have a bowel movement? \_\_\_\_\_

Loss of bowel control \_\_\_\_\_ no \_\_\_\_\_ yes

Do you empty your bowels completely?

Discomfort with bowel movement?

Frequent diarrhea / constipation?

Laxative use?

History of Hemorrhoidectomy?

Staining of underwear?

**Sexual Function:** Pain with intercourse / gynecological exam / tampon use?