

Welcome to Connect!

Please answer the following questions as well as you can, and we will go over your information during your session.

Name: _____

Date of Birth: _____

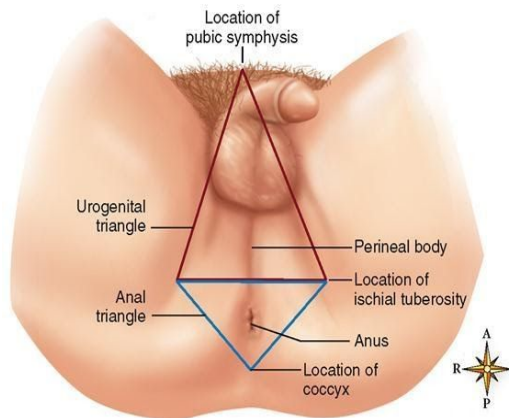
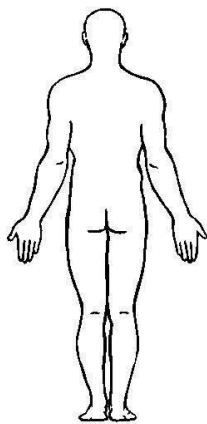
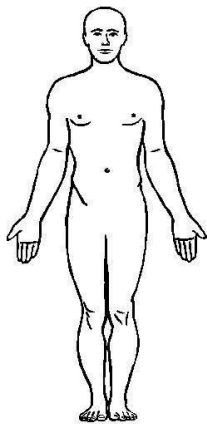
Your Gender:

Chosen Name and/or Pronouns:

What symptoms are causing you to seek treatment?

What do you hope to accomplish with physical therapy?

Please mark the location of your symptoms below:



How long have you been experiencing these symptoms?

Are these symptoms limiting you in your personal or professional life?

Have you sought treatment for these symptoms? How did treatment go?

Are you having trouble with urination? If so, what difficulties are you experiencing?

Are your symptoms interfering with your sexual function?

Please circle any of the following symptoms that you have experienced in the past month:

- | | |
|-------------------|------------------------------|
| Abdominal pain | Night sweats |
| Numbness | Headaches |
| Weakness | Unexplained change in weight |
| Numbness/Tingling | Swelling |
| Pain at night | Dizziness |
| Nausea/vomiting | Fever |
| Chills | |

Please share what tests you have had, and write in any tests not listed:

Urine tests (dates, results):

Specialized bladder tests (dates, results):

Specialized bowel tests (dates, results):

X-rays, MRI's CT scans (dates, results):

Bloodwork (dates, results):

Other procedures: (dates, results)

Is there anything that makes your symptoms worse? Please circle any of the following below, and write in additional information not shown.

- | | |
|--|-----------------------|
| Ejaculation | Erection |
| Rectal/Prostate Exam | Bowel movements |
| Full bladder/difficulty emptying bladder | Starting urine stream |
| Cough/Sneeze/Laugh | Bending |
| Sitting/Standing/Walking | Stairs up/down |








Please circle and provide details if you have been diagnosed with any of the following conditions:

- | | |
|---------------------|----------------------|
| Cancer | Osteoporosis |
| Stroke | Rheumatoid Arthritis |
| High Blood pressure | Osteoporosis |

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Please describe any concerns you are having with your bowel function, and circle the stool types that you most commonly observe when you defecate:

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Do you have difficulties with defecation? If so, please describe:

Please list all surgeries, medical conditions and injuries you have experienced, even if they don't directly relate to the problem you are having:

Please list all your current prescription and over the counter medications, vitamins and supplements you are taking, including dosages and how often. Or, please provide us with a written list of your medications:

Please list allergies to products, medications or food:

Do you smoke? If so, what product do you smoke, how often do you smoke, and how much per day?

How would you rate your general health? Poor Fair Good

Your Signature: _____ Date: _____