



Pelvic Health Intake Form - MALE

Name: _____

Date of Birth: (dd/mm/yy) _____

Email: _____

Medical History

Please describe the issue you have and why you are seeing a pelvic health physiotherapist:

When did this issue begin?

What treatments have you already tried:

What medications are you taking?

Surgical History

Abdominal Surgeries (include dates):

Back/Pelvic Surgeries (include dates):

Gynecological History

Have you ever experienced erectile dysfunction?

Have you ever had an abnormal prostate exam?

Have you ever been diagnosed with prostatitis in any form?

Have you had a vasectomy?

Sexual History

Are you currently sexually active?

What is your method of birth control?

Have you ever had a bad experience with sex? (forceful, non-consensual, inappropriate or unwelcome touching?)

Do you ever have pain during/after intercourse?

When? (penetration, thrusting, post-orgasm/ejaculation etc.)

Informed Consent

I hereby consent to assessment and/or treatment given by registered physiotherapist _____ . I understand that my treatments may include treatments for therapeutic, preventative, diagnostic and/or other health related purposes. I understand that I may rescind my consent at any time.

I understand that an internal assessment of the functioning of my pelvic floor may be deemed appropriate and there may be an internal component (vaginal/rectal) to the assessment and/or treatments. When this is the case, this will be discussed in detail with me before proceeding and I may grant or refuse consent.

I have read the above consent and have had an opportunity to ask questions about its contents.

Name: (please print) _____

Signature: _____ Date: (dd/mm/yy) _____