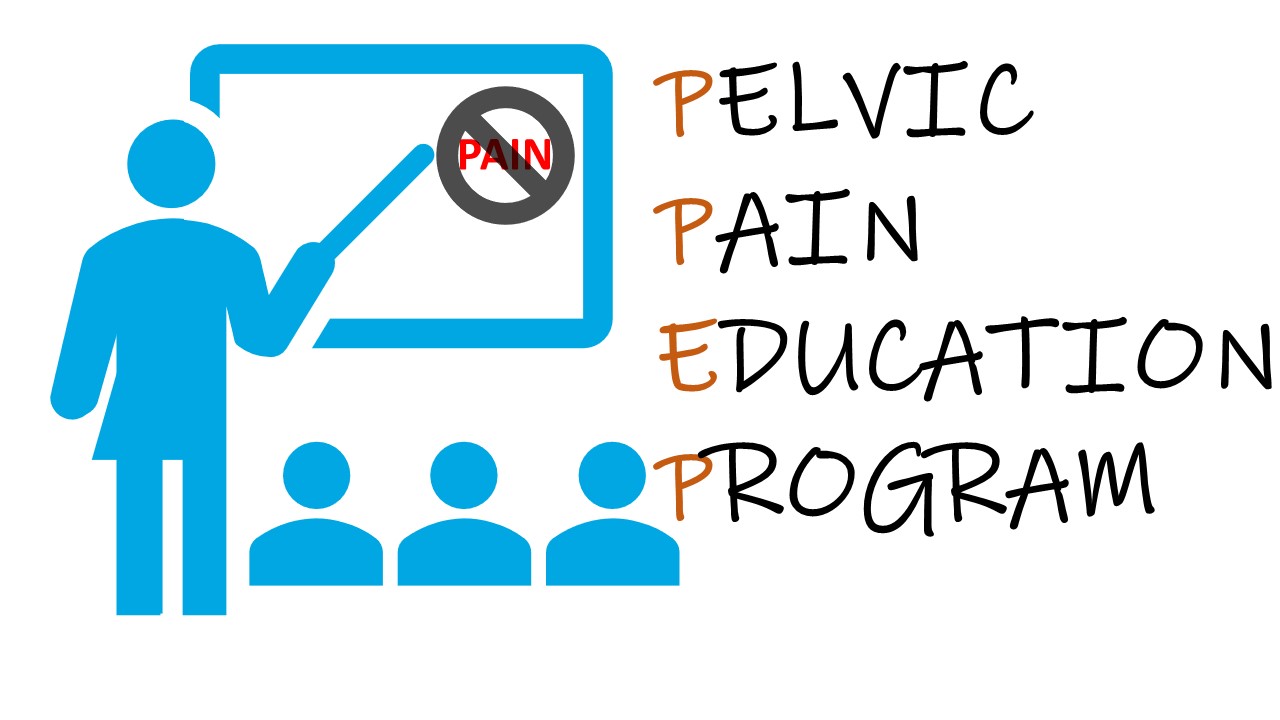
FORM HCP002  www.pelvicpaineducation.com

* This form is intended to help you evaluate patients with pelvic pain by walking you through the physical exam and providing guidance on formulating an assessment and plan.
* This form can be used for documentation, however, note that ***the patient history is collected through the initial patient history survey.***
* [**IMPORTANT PRIVACY AND SECURITY NOTICE:**The questionnaires below are collect private health information (PHI). The questionnaires should be destroyed or securely stored in the patient record after they are completed. DO NOT mail, fax, or email them to patients, unless these modes of communication are equipped with encryption and security measures designed to transfer private health information.](https://b43671ae-17b3-4c94-a509-94216e51bc3f.filesusr.com/ugd/8f46f9_879c015342604627a5c69d6213091ba2.docx?dn=Health%20Care%20Professional%20INITIAL%20Assessm)

**pelvic pain assessment form for healthcare professionals**



***PATIENT IDENTIFIERS***

***Note: If you are collecting HIPAA / HPI you must ensure these forms are secured.***

|  |
| --- |
| **Physical Examination Date:**Click or tap here to enter text.  **Last Name:** Click or tap here to enter text.  **First Name:** Click or tap here to enter text.  **ID Number:**Click or tap here to enter text. |

***EXAMINATION***

**General Appearance**: ***(Check all that apply)***

Well-appearing Ill-appearing Tearful Depressed

Normal weight Underweight Overweight

Abnormal Gait Other:Click or tap here to enter text.

**Head, ears, nose and throat:** Normal Other: Click or tap here to enter text.

**Lungs:** Normal Other: Click or tap here to enter text.

**Heart:** Normal Other: Click or tap here to enter text.

**Abdomen:**

Normal Non-tender Tender Inguinal tenderness

Mass Inguinal bulge Suprapubic tenderness Guarding Rebound Distention

Sensory abnormality (allodynia or hyperalgesia) Location:Click or tap here to enter text.

Positive Carnet’s sign

Trigger Points: Number:Click or tap here to enter text. Location:Click or tap here to enter text.

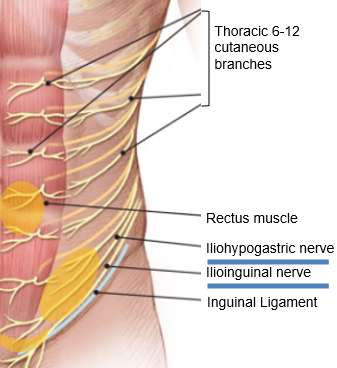
Surgical scars: Number: Click or tap here to enter text. Location:Click or tap here to enter text.

Surgical scar pain present (describe location and severity):Click or tap here to enter text.

Other, including pain severity and radiation patterns, describe all abnormalities here:Click or tap here to enter text.

**Musculoskeletal (External):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Musculoskeletal Structure** | **Findings** | | **Description** | | |
| **Gait** | Normal Abnormal | | Knee pain  Leg discrepancy  OtherClick or tap here to enter text. | | |
| **Posture** | Normal Abnormal | | Pelvic tilt  Kyphosis  Scoliosis  Other:Click or tap here to enter text. | | |
| **Lumbar range of motion** | Normal Abnormal | | Painful with flexion  Painful with extension  Painful with rotation  Painful with side bending | | |
| **Pubic symphysis** | Normal Abnormal | | Painful with palpation  Separation noted | | |
| **Rectus abdominus** | Normal Abnormal | | Painful with palpation  Separation >2.7cm noted | | |
| **Hernia regions (Ventral, Inguinal)** | Normal ☐Abnormal | | Ventral hernia present >2cm  Inguinal hernia present | | |
|  |  | |  | | |
|  | | **Normal** | | **Painful RIGHT** | **Painful LEFT** |
| **Sacroiliac joints** | |  | |  |  |
| **Active straight leg raise test** | |  | |  |  |
| **Hip flexion** | |  | |  |  |
| **Hip Ab/Adduction** | |  | |  |  |

**Neurologic (External):**

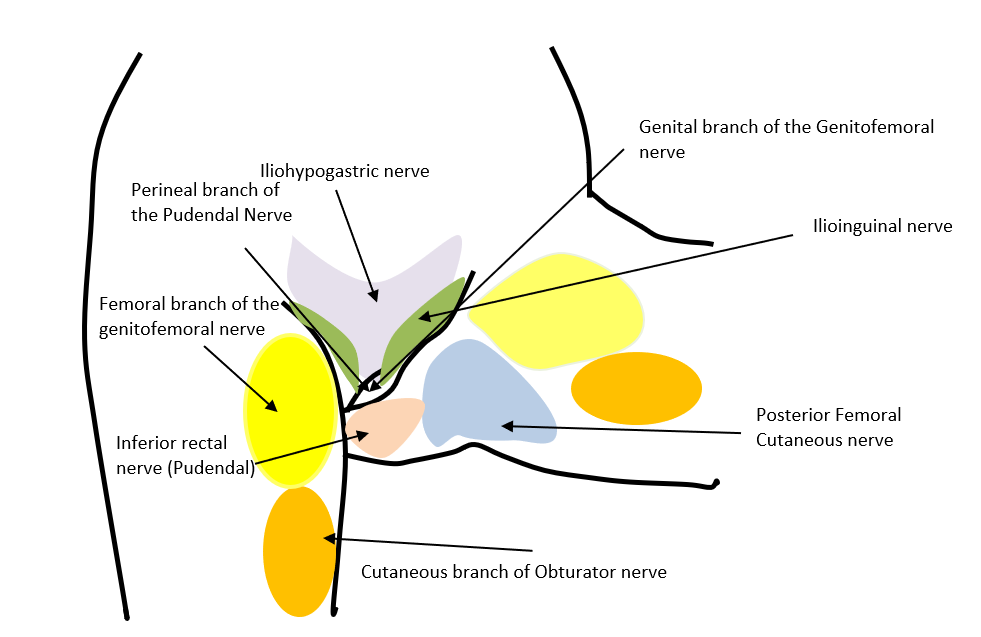
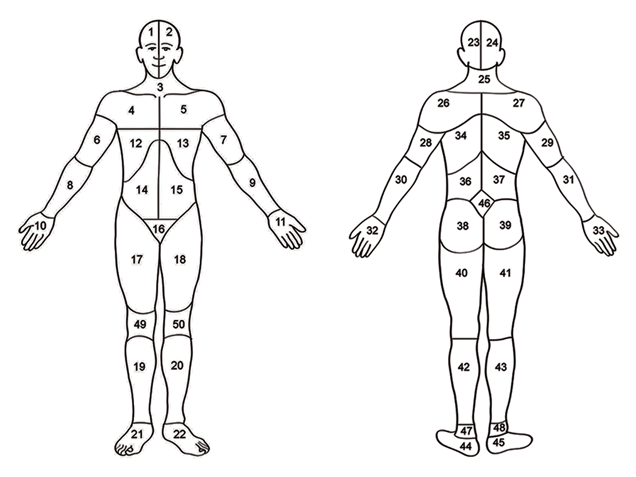


Illustration by Michael Hibner

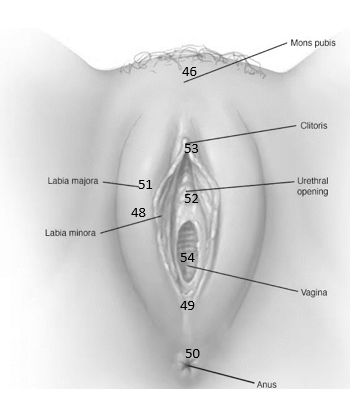
Illustration by Christy Krames, aafp.org

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Nerve** | **Finding** | | **RIGHT** | | **LEFT** | |
| Normal | Abnormal | Allodynia | Hyperalgesia | Allodynia | Hyperalgesia |
| Iliohypogastric |  |  |  |  |  |  |
| Ilioinguinal |  |  |  |  |  |  |
| Genitofemoral |  |  |  |  |  |  |
| Posterior femoral cutaneous |  |  |  |  |  |  |
| Lateral femoral cutaneous |  |  |  |  |  |  |
| Pudendal |  |  |  |  |  |  |
| Obturator |  |  |  |  |  |  |

**Body Pain Map:**

**List the numbers of all the sites where the patient reports pain:**Click or tap here to enter text.

**Add comments, including pain severity and radiation patterns**:Click or tap here to enter text.

**External Visual Examination of Genitalia:**Normal Atrophy

Discharge Bleeding

Masses, Lesions; Describe:Click or tap here to enter text.

12 o’clock

Hyperkeratosis; Location: Click or tap here to enter text.

Tenderness; Location:Click or tap here to enter text.

Vestibular erythema; Location:Click or tap here to enter text.

Posterior fourchette (49)

Allodynia; Location:Click or tap here to enter text.

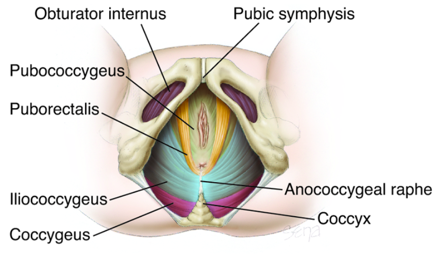
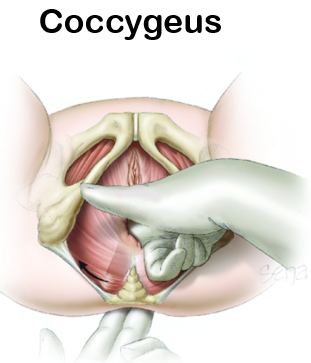
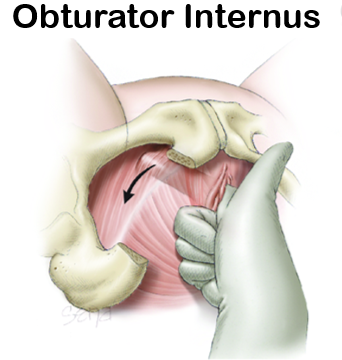
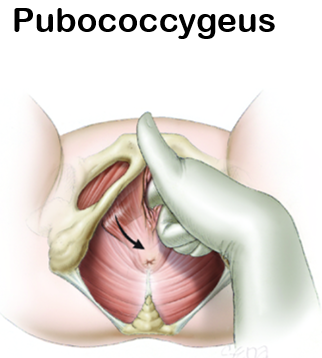
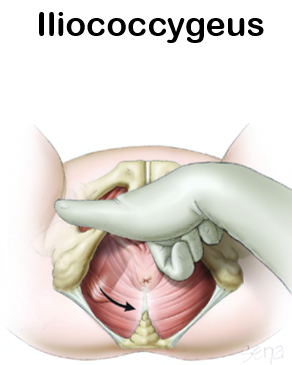
Hyperalgesia; Location:Click or tap here to enter text.

6 o’clock

**Note, describe pain location, radiation and abnormalities in further detail here using location numbers**:Click or tap here to enter text.

Illustration by Georgine Lamvu

**Single Digit Pelvic Floor Muscle Examination** **(Note- assess tenderness, tone, strength and voluntary control).**



Hoffman BL, Schorge JO, Bradshaw KD, Halvorson LM, Schaffer JI, Corton MM. *Williams Gynecology, 3e*; 2016

**Coccyx:** Tender Non-tender

**Tenderness with compression of ischial spine:** Non-tender right Tender right

Non-tender left Tender left

***If tender, is the pain in the distribution of the pudendal nerve*** when the ischial spine is compressed (Valleix sign): Yes No

**Pelvic floor muscle assessment:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Muscle | Tenderness (0-4) | | | | | Baseline Tone  (0-4) | | | | | Strength  (0-4) | | | | | Voluntary Control | |
| **0** | **1** | **2** | **3** | **4** | **0** | **1** | **2** | **3** | **4** | **0** | **1** | **2** | **3** | **4** | **Present** | **Absent** |
| Right obturator internus |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Left obturator internus |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Right Pubococcygeus |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Left Pubococcygeus |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Right Coccygeus |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Left Coccygeus |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Right Iliococcygeus |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Left Iliococcygeus |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Right bulbocavernosus |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Left bulbocavernosus |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Internal Pelvic Examination:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pelvic Structure** | **Findings and Description** | | |
| **Cervix** | Normal | Tender  Describe:Click or tap here to enter text. | Mass  Describe:Click or tap here to enter text. |
| **Urethra** | Normal | Tender  Describe:Click or tap here to enter text. | Mass  Describe:Click or tap here to enter text. |
| **Bladder** | Normal | Tender  Describe:Click or tap here to enter text. | Mass  Describe:Click or tap here to enter text. |
| **Rectovaginal vault** | Normal | Tender  Describe:Click or tap here to enter text.  Click or tap here to enter text. | Mass  Describe:Click or tap here to enter text. |
| **Vaginal apex (if cervix is absent)** | Normal | Tender  Describe:Click or tap here to enter text. | Mass  Describe:Click or tap here to enter text. |

**Bimanual Examination:**

***Uterus:*** Normal Absent

Tender Anterior location Posterior location

Enlarged size, enter size: Click or tap here to enter text.

Irregular shape Fixed Firm

Prolapse, describe stage: Click or tap here to enter text.

***Adnexa:*** Normal Absent right Absent left

Tender right Tender left

Fixed right Fixed left

Enlarged right: Click or tap here to enter text.

Enlarged left: Click or tap here to enter text.

**Rectal:** Normal Nodules Hemoccult positive

Tenderness Hemorrhoids Other:Click or tap here to enter text.

**Additional Comments:** Click or tap here to enter text.

***ASSESSMENT AND PLAN***

**Suspected Initial Diagnosis** ***(Check all that apply)***

|  |  |  |
| --- | --- | --- |
| **Uro-Gynecologic** | | |
| Endometriosis  Adenomyosis | Dysmenorrhea | Fibroids |
| Ovarian cyst(s) | Ovarian remnant | Pelvic congestion syndrome |
| Dyspareunia | Premenstrual Syndrome | Genitourinary syndrome of menopause |
| Pelvic organ prolapse  Cystocele  Rectocele  Cervical prolapse  Uterine prolapse | Vulvodynia  Generalized  Localized  Spontaneous  Provoked | Vulvar pain with known etiology, list: |
| IC/BPS | Urinary urgency | Urinary frequency or Overactive Bladder |
| Urinary incontinence | Urinary tract infection | Urethral mass |
| Prostatitis (bacterial or non-bacterial) | Urethritis | Prostate mass or BPH |
| Sexually transmitted infection | Orchitis, Scrotal pain | Urethral or bladder stones |
| **Gastroenterologic** | | |
| IBS-Diarrhea | IBS-Constipation | IBS-Mixed |
| Diarrhea | Constipation | Fecal incontinence |
| Dyschezia | Inflammatory bowel disease | Diverticulosis/itis |
| **Neurologic** | | |
| Neuralgia  List site: | Pudendal neuropathy |  |
| **Non-Genital Pain Syndromes** | | |
| Chronic fatigue | Fibromyalgia | Migraines / Headaches |
| TMD | Chronic low back pain |  |
| **Musculoskeletal** |  | |
| Pelvic floor muscle dysfunction | Myalgia | Specific muscle, e.g. piriformis, obturator, or levator tenderness |
| **Psychosocial** | | |
| PTSD | Sexual trauma / abuse | Physical abuse |
| Depression | Anxiety | Suicide ideation or intent |
| Sleep disorder | Catastrophizing | Rumination |
| Substance abuse | Opioid use Opioid abuse Opioid side effects |  |
| **Pain Descriptors** | | |
| Pelvic Pain | Chronic pelvic pain | Chronic pain syndrome |

**Other Diagnoses not listed above:**Click or tap here to enter text.

**Recommended treatments**

Acupuncture Massage Nutrition/Diet Physical Therapy Biofeedback

Trigger Point Injections TENS Unit Botox Injections Nerve Blocks

Epidural Sex Therapy Joint Injections Neurostimulation

Mental Health Bladder instillations Aqua Therapy Radio Frequency Ablation

Cognitive Behavioral Therapy Percutaneous Tibial Nerve Stimulation NONE

Hormonal treatment-- if yes, what type of hormonal treatment? (***Check all that apply)***

Pills Patch Ring  Injections Estrogen Progesterone

Other treatments:Click or tap here to enter text.

**Recommended Pharmacotherapy**

|  |  |  |
| --- | --- | --- |
| **Medication** | **Dose** | **Instructions for use** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

NONE

**Recommended Surgery**

|  |  |
| --- | --- |
| **Surgery Name** | **Primary Indication for surgery** |
|  |  |
|  |  |
|  |  |

NONE

**Referrals**

Gastroenterology Urology Urogynecology Reproductive Endocrinology and Infertility

Endocrinology Medicine Primary care Pain management NONE

Other:Click or tap here to enter text.

**Additional psychosocial or medical factors contributing to pain:**

Click or tap here to enter text.

**Additional medical co-morbidities that impact pain not listed above in the ‘diagnosis’ section:** Click or tap here to enter text.

**Shared Decision Making and Goal Setting**

**Patient goals (should be focused and attainable)**

Short-term:Click or tap here to enter text.

Long-term:Click or tap here to enter text.

Potential obstacles to attaining goals identified by patient and the provider:Click or tap here to enter text.

**Shared decision making**

Patient selected therapies: Click or tap here to enter text.

Treatments recommended by the provider but not accepted by the patient: Click or tap here to enter text.