

Chronic pelvic pain sheet



History

Personal Data

Name _____ Age _____ Tele _____
Address _____

Obstetric History

Deliveries _____ abortions _____ others _____ vaginal _____ cesarean _____
History of complications during delivery _____

Menstrual history

LMP _____ P/C _____ Periods are: - Light Moderate Heavy
Associated pain and its time relation to period _____

Pain Information

Onset _____ Duration _____ Site _____
Radiation _____ Type _____
Factors increasing _____
Factors decreasing _____
Other pain sites _____
Possible cause/s of pain as said by patient _____

Pelvic Varicosity Pain Syndrome Questions:

Is your pelvic pain aggravated by prolonged physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your pelvic pain improve when you lie down?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have pelvic throbbing or aching <i>after</i> sex?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have pelvic pain that moves from side to side?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have sudden episodes of severe pelvic pain that come and go?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Gynecologic History

History of: - fibroid Ovarian cyst other pelvic lesion _____
History suggestive of PID: - Fever Lower abdominal pain abnormal vaginal discharge

Urinary History

Urgency Frequency its type _____ dysuria Incontinence
History of renal stones Hematuria

History of GIT symptoms

Diarrhea its duration _____ Constipation its duration _____ bleeding per rectum
Recent unintentional weight loss Fatigue vomiting Nausea
Pain during defecation Pain relief with defecation

Sexual History

Deep dyspareunia superficial dyspareunia Pain after intercourse

Medical History

Previous medications for pain _____
Which was helpful? _____
Current medications for pain _____
Other medications prescribed _____
Medical problems / diagnoses _____
Birth control Method/s _____

Surgical History

History of surgery specify _____
History of trauma/accident specify _____

Family History

Fibromyalgia chronic pelvic pain Irritable bowel syndrome
Depression Interstitial Cystitis Endometriosis
Cancer its type _____

Examination

General

BP _____ Temperature _____ other painful spots _____
Weight _____ Gait _____

Back

Asymmetry scars specify _____

Tenderness over: sacrum coccyx sacroiliac joints Para spinal muscles

Abdomen

Swelling/s specify _____

Scar/s specify _____

Cotton swab for allodynia symphysis pubis tenderness

Tender spot/s by deep palpation or finger pressure specify _____

Carnett sign

Extremities

Edema Varicosities length discrepancy

Range of motion _____

Pelvic examination

Pelvic floor tenderness cervical motion tenderness adnexal tenderness

Posterior fornix tenderness abnormal discharge erythema