



INTEGRATED POST NATAL PHYSIOTHERAPY & FUNCTIONAL FITNESS

Mummy MOT® Pregnancy Screen

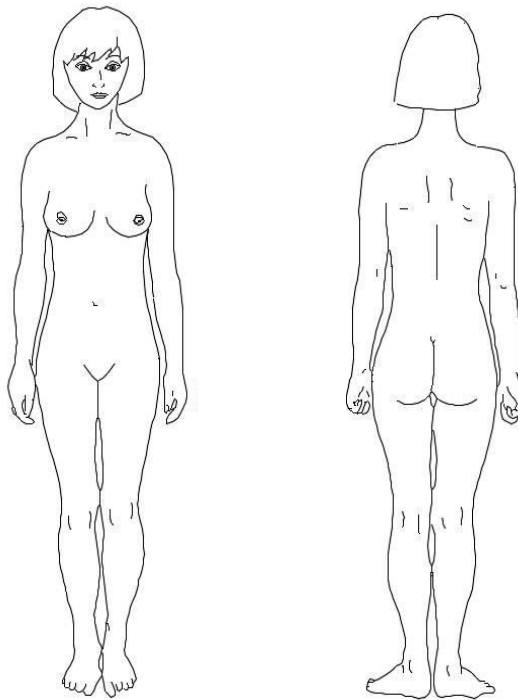
Your Details

Name:

Email:

MUSCULOSKELETAL PROBLEMS

Please highlight any areas of pain or discomfort on the body chart you are experiencing presently?



PAST MEDICAL HISTORY

Have you had any Gynecological or urological surgery?	Yes	No
Date(s) and type of surgery/reason?		
Have symptoms fully resolved?	Yes	No
Do you have any abdominal scars?	Yes	No
Describe location of the scars :		
Please state any fractures with dates		

Please list up to three activities, movements or positions that bring on your pain/problem? (e.g. Lifting, running, sitting)

1)

2)

3)

Have you any CONCERNS now or for after your baby is born ? (Please circle all that apply)

Gap in tummy muscles (diastasis)	Sexual Concerns	Anxiety	Mood imbalance
Bladder Problems	Musculoskeletal problems	Pelvic Girdle Pain	Sleep Deprivation
Bowel issues	Prolapse	Pain on intercourse	Back Pain
Any Other Concerns			

URINARY SYMPTOMS (Please circle all that apply)

Urinary frequency (going often)	Pain on passing urine	Reduced flow of urine	Urinary urgency (rushing to go)
Leaking	UTIs (infections)	Problems emptying your bladder completely	Stress incontinence (leaking on cough, exercise etc)

BOWEL SYMPTOMS (Please circle all that apply)

Urgency	Constipation	Not feeling that you empty your bowels completely
Leaking	Pressure on the rectum	Assistance to empty your bowels
	Pain on opening bowels	

PELVIC FLOOR SYMPTOMS

Do you experience discomfort in your vagina or rectum? (back passage)?	Yes	No
Have you been diagnosed with a prolapse now or in the past?	Yes	No
Do you have pain during intercourse?	Yes	No

Previous Obstetric Hx. If Relevant

Please complete the table below as fully as possible.

Child	D.o.B	Method of delivery	Complications?	Weight of baby at birth	Concerns post delivery
1					
2					
3					

What are your three top concerns/goals to achieve from the Mummy MOT® Team?

- 1)
- 2)
- 3)

DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS

Connective tissue disorders (eg Lupus)	Hypermobility syndromes (eg Ehlers Danlos)	Thyroid disease
Heart problems	Respiratory problems	Diabetes Type 1 or 2
Cancer	Bowel conditions (IBS/colitis)	Endometriosis
Coccyx injuries	Back pain	
Any other conditions you are being treated for		

MEDICATIONS INCLUDING SUPPLEMENTS

Have you ever been on a course of steroid treatment?	Yes	No
Have you ever been on Warfarin or blood thinning medications (eg for blood clots)?	Yes	No
Any other medications/supplements	Yes	No
Details of medication(s):		

CURRENT PELVIC FLOOR EXERCISE

How often are you currently practicing pelvic floor exercises?	Yes	No
Are you confident you are doing them correctly?	Yes	No

ANY OTHER COMMENTS

We hope that we can help you recover from any of the conditions you present with today. Thank you for booking the Mummy MOT® Service .