



MELISSA SLATTERY

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## PELVIC PROLAPSE QUESTIONNAIRE

Please complete this form and return it to the rooms prior to, or at the time of your consultation.

### Name & Contact Details:

Patient Profile:

Name

DOB

Number of pregnancies

Number of children

Weight of heaviest child

Which best describes your reason for making an appointment:

- you have symptoms and think that you may have a prolapse
- you have previously had a prolapse diagnosed and need advice and/or treatment
- you would like a second opinion

### Symptoms:

For how long have you been experiencing symptoms?

Please mark which of the following symptoms you experience

- presence of a lump at the opening of the vagina
- pelvic discomfort or pain
- exacerbation of symptoms with prolonged standing
- urinary urgency
- incomplete bladder emptying
- constipation
- need to manually assist bowel emptying
- lack of sensation with intercourse
- sensation of pressure in the vagina
- low back pain
- urinary incontinence
- slow urinary stream
- urinary tract infections
- pain with bowel motion
- pain with intercourse

Have you needed to limit activity because of symptoms?

### Previous investigations and treatment:

What kind of health care provider have you previously seen in relation to this problem?

- GP
- Gynaecologist
- Physiotherapist
- alternative therapist eg. Naturopath
- other

Have you had previous investigations for this problem? (eg. Ultrasound, D&C)

Have you had previous treatment?

### Treatment expectations:

What kind of treatment are you interested in?

- pelvic floor rehabilitation
- non- surgical options such as ring pessary
- surgical correction
- lifestyle advise and management strategies