 **Pre-screen Questionnaire**

Date Click here to enter a date.

**Patient Details**

Name Click here to enter text. DOB:Click here to enter a date.

Address Click here to enter text.

Email Click here to enter text. Phone Click here to enter text.

GP Details Click here to enter text.

Are you happy for Maternity Physio to contact your GP, if needed? Yes  No

How did you hear about Maternity Physio? Click here to enter text.

**Obstetric History**

**Pregnancy:**

Were there any complications with your most recent pregnancy? Yes No

Please explain further if required Click here to enter text.

Did you suffer from pelvic girdle pain/ SPD/Sacroiliac pain? Yes No

Explain further if neededClick here to enter text.

Did you exercise during the Pregnancy ? Yes No

If yes, what kind of exercise? Click here to enter text.

Have you ever had a miscarriage? Yes No

Click here to enter text.

Are you currently Pregnant? Yes No

**Delivery:**

Date of most recent delivery?Click here to enter a date.

Type of delivery? C-section  Vaginal Delivery

Please fill in the relevant section below according to your type of delivery

**C-Section**

Emergency Elective

Were there complications? Yes No

Please explain further here if needed Click here to enter text.

Did your scar heal well? Click here to enter text.

How does it feel now? Click here to enter text.

**Vaginal Delivery**

How long did labour approximately last? Click here to enter text.

Were there any complications or further interventions? Yes NO

Explain further, if neededClick here to enter text.

What was the weight of the baby? If you know Click here to enter text.

Did you have a tear? Yes No

What kind? if you know Click here to enter text.

Did you need stitches? Yes No

If Yes, did they heal well? Click here to enter text.

Please give the date and type of any previous deliveries and whether there were any complications involved>

Click here to enter a date. Click here to enter text.

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**Medical History**

Have you had any previous medical conditions such as Diabetes, Cancer, Heart problems, Blood pressure issues, Epilepsy, Rheumatoid Arthritis pre or post pregnancy Yes No

If Yes, please give more info here Click here to enter text.

Have you ever had a major injury or previous surgery in the past? Yes No

If yes, please give more info here rClick here to enter text.

Are you currently taking any medication? Yes No

If yes, which ones? Click here to enter text.

Are you Hypermobile? Yes No Not sure

**Current Postnatal Status**

Do you have separated abdominal muscles Yes No Not sure

If yes, what is the approximate gap size? Click here to enter text.

Do you have pain in your perineum (undercarriage)? Yes No

Do you have a sensation of pulling/dragging in your perineum at any time? Yes No

If yes, when? Click here to enter text.

Have you ever been diagnosed with a pelvic organ prolapse? Yes No

Do you have pain during intercourse? Yes No Don’t know yet

Do you ever experience urinary incontinence? Yes No

If yes, during which situations? Click here to enter text.

Do you ever need to wear pads for urinary incontinence? Yes No

Explain further if you need toClick here to enter text.

Do you have difficulty activating your pelvic floor? Yes No

Do you have any bowel conditions such as IBS or Colitis? Yes No

Explain further if you need toClick here to enter text.

Do you have any bowel incontinence? Yes No

Do you feel you have fully voided after passing a bowel motion? Yes No

Explain further if you need toClick here to enter text.

Are you currently exercising? Yes No

If yes, what kind of exercise? Click here to enter text.

Are there any types of exercise you would like to be able to do ,

but are unable to do at present? Yes No

If yes, explain furtherClick here to enter text.

Have you had your 6week check with the GP yes No

Were there any issues identified Yes NoClick here to enter text.

Thanks for taking the time to complete this pre-screen. This will give your postnatal physiotherapist all the information required to carry out an effective and beneficial Mummy MOT and allow more time to focus on the hands-on check. Looking forward to meeting you ☺

**Important Note:**

**As part of your Mummy MOT Check, an internal or vaginal examination may be carried out. This is a useful way of finding about the support of you pelvic organs, strength of the pelvic floor muscles and identify any pelvic floor dysfunction. The examination involves inserting a finger into your vagina to assess the vaginal walls and pelvic floor muscles. This examination is entirely optional and will be discussed and decided between you and your physiotherapist at the time of assessment. It is important that you feel comfortable during your Mummy MOT and you are not under any pressure to give your consent. Also be aware you are entitled to bring a chaperone along for the examination if you wish.**