

**WOMEN'S HEALTH PHYSICAL THERAPY**  
**Pregnancy/Postpartum Intake Questionnaire**

Patient's name: \_\_\_\_\_ Age: \_\_\_\_\_  
OB-GYN/Physician: \_\_\_\_\_  
Due Date: \_\_\_\_\_ Weeks gestation: \_\_\_\_\_  
Delivery Date (if postpartum): \_\_\_\_\_  
Reason for visit today: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OB-GYN History:  
# of pregnancies: \_\_\_\_\_  
# of births and dates: \_\_\_\_\_  
# of c-sections: \_\_\_\_\_  
# of episiotomies: \_\_\_\_\_ Tears/degree: \_\_\_\_\_  
# of miscarriages: \_\_\_\_\_  
History of complaints:  
I.E. Hx of preterm labor, toxemia, multiple gestation, incompetent cervix/cerclage,  
placenta previa or abruption, incontinence, pelvic organ prolapse, endometriosis or  
previous gynecological condition (please explain). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other past medical/surgical history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous exercise/activity level: \_\_\_\_\_  
Pain level: (on a scale of 0-10; 0=no pain and 10=severe pain requiring hospitalization)  
worst \_\_\_\_\_ best \_\_\_\_\_ current \_\_\_\_\_

Aggravating Factors: \_\_\_\_\_  
Easing Factors: \_\_\_\_\_

Is your pain:  worse in the morning       worse by the end of the day  
 better in the morning       better by the end of the day  
 activity dependent       other  
 getting better       worsening       staying the same

Describe your pain: (I.E. aching, throbbing, shooting, burning, sharp, constant,  
intermittent, tender, numb, tingling, etc). \_\_\_\_\_  
\_\_\_\_\_

Any previous treatment for this condition? \_\_\_\_\_

Anything else that I should know? \_\_\_\_\_