

318 Maxwell Road, Suite 100 Alpharetta, GA 30009 (678) 819-8720, (678) 819-8721 (fax)

Welcome to Provenance Rehabilitation!

Thank you for entrusting us with your physical therapy needs. One of our main priorities is to provide a setting that is comfortable to you. Our goal for your first visit is for you to leave with a sense of hope and optimism about your condition and the plan of care that we establish with you.

We look forward to having you as a client.

What makes Provenance Rehabilitation unique?

- All patients receiving treatment at Provenance Rehabilitation have some form of pelvic pain and/or dysfunction (incontinence, organ prolapse, painful intercourse, or pregnancy-related conditions).
- Our therapists are thoroughly trained with over 25 years of experience, capable of providing the service and care that you need.
- We treat both women and men who are experiencing pelvic-related issues.
- Our patients are referred from health care providers from all over Georgia, the Mayo Clinic in Florida, and from specialists in other states. We also have a large percentage of patients who refer themselves after finding us on the internet.
- Treatment always combines education about the condition, manual therapy, exercises, and home program instruction.
- One patient is seen at a time in a private room rather than an open setting. Our facilities have a strong focus on patient privacy and professionalism.
- We have a Facebook & Instagram page along with our website where we post articles about pelvic health conditions and patient stories that are relevant to our practice.



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Patient's Name:	DOB:	Age:	
Address:			
Phone:E-r	E-mail Address:		
Emergency Contact:	Phone:		
Referred by:	Phone:		
Other providers involved in the co	ondition:		
	Phone:		
	Phone:		
	Phone:		
Brief Description of Condition or	Diagnosis:		
The fees have been discussed with me services provided at the conclusion of upon. I understand that it is my responetwork reimbursement for PT servinecessary information for me to send	of each visit unless other arrangem consibility to find out about my ins ces. I will be provided a superbill	ny for physical therapy ents have been agreed urance policy's out-of- that includes all	
Patient's printed name	Date		
Patient's signature	Date		



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Cancellation & No-Show Policy

We strive to schedule all appointments as efficiently as possible in order to have adequate time with each of our patients. We request that you notify our office immediately once you realize you will not be able to keep your appointment or if you may be late for any reason.

If you need to cancel or reschedule your appointment, we ask that you please do so at least 24 hours before your scheduled office visit to avoid paying a \$75.00 fee.

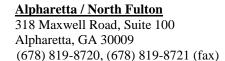
We will ask you to provide a credit card number over the phone for us to use for collection of the cancellation fee if ever needed. Your credit card information will be stored safely in our electronic documentation system (not on paper).

Our policy is to charge \$150.00 on the day of your reserved appointment if we are not given sufficient notification of cancellation or request to reschedule that appointment. Please understand that this policy is strictly enforced in our efforts to accommodate patients who are on a waiting list to receive our services.

We will always alert you before charging any fee to your card.

Thank you very much for your attention to this matter. Please sign below that you have read and understand our cancellation and no-show policy:

Patient's printed name	
Patient's signature	Date





Alpharetta / North Fulton - Directions to our Facility

From GA-400:

- Take Old Milton Pkwy Exit #10 or Haynes Bridge Exit #9 and head WEST towards downtown Alpharetta. If coming from Haynes Bridge, turn left on to Old Milton Pkwy.
- Turn left at Highway 9 to head South.
- Take a left prior to the Maxwell Road / Roswell Street red light into Colony Park
- Our suite number is #100 and there's a map as soon as you enter the complex.

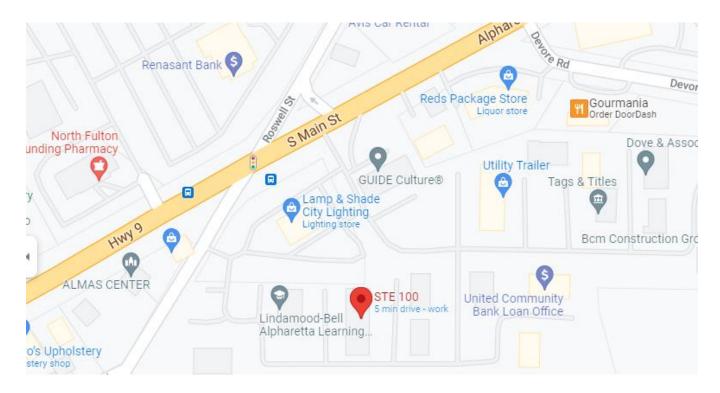
From Downtown Alpharetta:

- Head South past downtown Alpharetta and continue through Old Milton Parkway.
- Take a left prior to the Maxwell Road / Roswell Street red light into Colony Park
- Our suite number is #100 and there's a map as soon as you enter the complex.



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Alpharetta / North Fulton Location





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Pelvic Intake Form

Patient Name:	Date:	DOB:
Age: Weight:		
Gender: Male Female		
Occupation:	Relations	ship Status:
Hobbies / Leisure Activities:		
Exercise Routine:		
Briefly describe your current complaint:		
When did this problem begin?	_ Is it getting	better worse same
Rate your feelings as to the severity of this 0 = not a problem	is problem: 0 1 10 = major	
Do you now have or do you have a history o	of the following?	
□ Bladder infections □ Urinary frequency, hesitancy, urgency □ Pelvic pain □ Low back pain/sciatica □ Multiple Sclerosis □ Childhood bladder problems □ Trouble holding back gas □ Vaginal dryness □ Constant dribbling of urine □ Interstitial Cystitis / Painful Bladder □ Constipation, IBS, chronic diarrhea □ Chron's Disease □ Joint problems □ Abdominal pain □ Emphysema/bronchitis □ Sexually transmitted diseases	y	Smoking habit Blood in urine Trouble feeling bladder fullness Pelvic Organ Prolapse
☐ HIV/AIDS ☐ Fecal incontinence		



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OB/GYN History (if appropriate):

Contra	aceptive History –	Currently using a for	rm of birth con	trol? Y/N
Туре	of contraception u	sed (condom / pill /	IUD / implant	able / cervical fluid):
If oral	contraceptives, ho	ow long were they tal	ken?	
# Vag	inal deliveries:	# C-sections	# Episio	tomies Forceps Y / N
Comp	Complications with delivery / post-partum:			
Pelvic	Surgical History: _			
Menst	rual History: Age a	at onset?	Date of last m	nenstrual cycle?
Y/N	Painful periods?		Y/N	Pain with ovulation?
Y/N	Regular cycles?		Y/N	Menopause?
Y/N	Pain with tampor	n insertion?	Y/N	Hormonal Treatment?
These	questions are help		plete treatment	nportant component to be addressed. plan for you. However, please know information.
Please	circle any applical	ole items:		
Are yo	ou currently sexual	ly active? Y/N/	It's complicated	
Orgas	m, erectile, clitoral	function – circle any	that apply:	
Prema	ture ejaculation		Lack o	of orgasm
Painfu	l penetration (vagi	inal / rectal)	Pain w	rith orgasm
Diffic	ulty with erection		Arous	al without completion
Painfu	ll ejaculation		Low li	bido / lack of desire
Noctu	rnal erections			
Y/N Y/N	History of sexua Leakage of urine	l abuse? during intercourse?	Y/N I Y/N	Latex allergy? Lubricant allergy / sensitivity



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If you use a vaginal or rectal lubricant, what type do you use? Bladder/Bowel Habits: Number of times you urinate during the day? 3-5 6-9 10-13 > 131-2 Number of times you urinate after going to bed? 2-3 >3 # of bowel movements per day? 0-1 1-2 2-3 >3 Consistency of stool: Loose Hard Normal Y/NDo you take your time to empty your Y/NDoes your bladder feel full after bladder? urination? Y/N Can you stop the flow of urine? Y/NDo you have a slow, hesitant urine Y/N Do you strain to pass urine? stream? Y/N Do you strain to pass feces? Y/NDo you have triggers that make you Y/N Do you empty your bladder feel you can't wait to urinate or defecate? frequently, before the urge? Y/NDo you ignore the urge to defecate? Fluid Intake per day (one glass is 8 oz or one cup): 1-2 2-3 Number of Caffeinated glasses per day: 0 1-2 2-3 3-4 4-5 >5 1-2 2-3 4-5 >5 Number of Alcoholic glasses per day: 0 3-4 **Urine/Fecal Leakage Questions**: Number of urinary leakages daily: >5 3 Number of fecal/bowel leakages daily: 1 2 4 >5 Severity of Leakage: None Few drops Wets underwear Wets outerwear Protection worn: None Minipad Maxipad Full undergarment Position or Activity with Leakage: Vigorous activity Strong urge to go Light activity Intercourse or sexual activity Changing positions No activity changes leakage (constant) Walking to toilet



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Pelvic Pain Questions:

"I have pain with"			
Sexual intercourse		Standing	
Urination		Tight clothes	
Defecation		Exercise	
At Rest		Menstruation	
Sitting		Orgasm	
"Pain is located"			
Deep	Penile tip		Rectum
Surface	Clitoris		Tailbone / Coccyx
Vagina	Labia		Tailbone / Sacrum
Urethra	Scrotum		Pubic bone
Anus	Hip		Right side / Left side /
Penile shaft	Pubic		Both sides
Approximate pain onset dat	:e:		
Pain is relieved by:			
Pain is worsened by:			
Medications, supplements, l	nerbals or topicals:		
Due to privacy regulation	s, we require your po	ermission to email	you and to leave messages
			cheduling appointments) or
with any individual who a			
		ur permission to le	eave such messages and to
email you? \rightarrow Yes \rightarrow N	o muais:		



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Consent for Evaluation and Treatment

I acknowledge and understand that I have been referred to for evaluation and treatment of pelvic floor dysfunction. I understand that to evaluate and treat my condition it may be necessary, initially and periodically, to have my physical therapist perform an internal pelvic floor muscle exam to assess strength, range of motion, scar mobility and muscle length. I understand that no guarantees have been or can be provided regarding the success of therapy. I hereby request and consent to the evaluation and treatment to be provided by the physical therapists of Provenance Rehabilitation.

Patient Name (Please Print):		
Patient Signature:	Date:	
Signature of parent or guardian (if applicable):		