



Dear Family:

Please see the enclosed forms for your child's **pelvic floor evaluation**.

It is required that all forms be filled out completely with the patient's full history.

It is also required for the evaluation to have completed three full days of bowel and bladder logs. A sample log has been included. All documents, including the three days of logs, must be returned prior to scheduling the evaluation.

Feel free to contact us with any questions or concerns. We look forward to working with you and working with your child.

Sincerely,

Therapeutic Playtime

Pediatric Pelvic Floor Intake Questionnaire:

Past Medical History: Is your child wearing diapers during the day? _____ Night? _____

Is your child experiencing leaking/voiding episodes?

Bladder Day? _____

Bladder Night? _____

Bowel Night? _____

Bowel Day? _____

Has your child had any previous Urinary Tract Infections? If so, how many? _____

Has your child seen a Urologist/ Gastro-Intestinal Doctor? _____

If so, information/diagnosis received? _____

Has your child had any previous surgeries or procedures? _____

Food: On average, how many?

- Fruits per day _____
- Vegetables per day _____

How many times per week does your child eat:

- Bananas _____
- Apples / Juice _____
- Oranges / Juice _____
- Applesauce _____
- Milk _____
- Cheese _____
- Ice Cream _____
- White Bread/Rice/ Cereal _____
- Whole Grain Bread/Rice/Cereal _____
- Peanut butter _____

Three Day Pelvic Floor Journal - **EXAMPLE**

Please write down all food and drink intake, and all output whether in diaper or toilet for 3 days minimum prior to pelvic floor/incontinence evaluation for therapists to have as much information as possible.

Time of Day	Type and amount of food	Type and amount of fluid intake	Amount Voided Sm/Med/Lg	Activity	Bowel Movement Sm/Med/Lg
1:00 AM					
2:00 AM					
3:00 AM					
4:00 AM					
5:00 AM					
6:00 AM					
7:00 AM	2 pancakes 1 banana	8 oz milk	Very wet diaper	Woke up	
8:00 AM					
9:00 AM		8 oz water	Sat on potty/sm		
10:00 AM				Played outside for 30 min	
11:00 AM	1 pizza slice 1 apple	8 oz apple juice	Wet diaper/sm		
12:00 PM			Sat on potty- no void		Bowel movement/sm
1:00 PM				Nap	
2:00 PM				Nap	
3:00 PM	Snack size bag of chips	4 oz milk	Wet diaper/med		
4:00 PM					
5:00 PM	Ravioli and green beans	8 oz orange juice			
6:00 PM					
7:00 PM					
8:00 PM			Sat on potty-no void	Bedtime	
9:00 PM					
10:00 PM					

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5:00 AM					
6:00 AM					
7:00 AM					
8:00 AM					
9:00 AM					
10:00 AM					
11:00 AM					
12:00 PM					
1:00 PM					
2:00 PM					
3:00 PM					
4:00 PM					
5:00 PM					
6:00 PM					
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