Barrington Back & Body

EMSELLA®

New Patient Intake Form

Name: Date:

Address:

Cell Phone: Email:

Emergency Contact Name/Cell Number:

How did you hear about the EMSELLA chair and/or Barrington Back & Body?

What are you goals and desired outcome with EMSELLA treatments?

How long have you had the issue you wish to improve?

What else have you tried to improve your symptoms?

Please describe your daily fluid intake. What do you drink each day? How much do you drink each day? When do you drink?

Do you drink any of the following on a regular basis?

- Water
- Coffee / Tea
- Pop or other carbonated beverages
- Alcoholic beverages

Pelvic Floor Symptoms: Please check all that apply:

- Leak urine with cough / sneeze / jump / lift / etc
- Strong urge to go to the bathroom (with leaking)
- Strong urge to go to the bathroom (without leaking)
- It feels like I always have to go to the bathroom
- It feels like my bladder does not empty fully
- Frequent urinary tract infections
- Sexually active (now)
- Sexually active (in the past)
- Pain with sex (with penetration)
- Pain with sex (throughout)
- Pain with sex (after)
- Painful erections
- Feelings of heaviness or pressure in the vagina
- Prolapse
- Infrequent / irregular periods
- Painful periods
- Fecal incontinence
- Constipation
- Hemorrhoids
- Infrequent bowel movements (less than 3 per week)
- Small, lumpy, or hard bowel movements
- Need to strain to have a bowel movement
- Back problems
- Neck problems