



Pre-Treatment Questionnaire

Patient's Name:

Practitioners Name

What symptoms do you have that you feel would benefit from a PermaTESLA Seat treatment?

Have you heard of Kegels Exercises?

NO	YES
----	-----

Are you currently doing Kegels exercises?

NO	YES
----	-----

If Stress Urinary Incontinence:

Have you had investigations for stress incontinence?

Have you had treatment for stress incontinence?

If Urge Urinary Incontinence:

Have you had investigations for urge incontinence?

Have you had treatment for urge incontinence?

How many pads do you wear daily?

Pregnancy History

Are your periods regular?

NO	YES
----	-----

If no then the reason why not?

--

Are you menopausal / Post menopausal?

NO	YES
----	-----

Is there any chance you could be pregnant?

NO	YES
----	-----

Please answer whether you currently have or have had any of the following?

Pregnancy

NO	YES
----	-----

Cardiac Pacemakers?

NO	YES
----	-----

Implanted defibrillators, implanted neurostimulators?

NO	YES
----	-----

Electronic implants?

NO	YES
----	-----

Pulmonary insufficiency?

NO	YES
----	-----

Metal implants?

NO	YES
----	-----

Copper IUCD?

NO	YES
----	-----

Drug Pumps?

NO	YES
----	-----

Haemorrhagic conditions?

NO	YES
----	-----

Anticoagulation conditions?

NO	YES
----	-----

Heart disorders?

NO	YES
----	-----

Malignant tumour?

NO	YES
----	-----

Allergy to any medications food or other substances?

NO	YES
----	-----

Taking prescription, herbal, or over the counter medication?

NO	YES
----	-----

Any surgeries?

NO	YES
----	-----

Any skin disease or sensitivity?

NO	YES
----	-----

Notes for pre=treatment questionnaire