



Clear Passage

PHYSICAL THERAPY

FOLLOW-UP SURVEY

(Please Print in Black Ink)

SECTION 1: PERSONAL INFORMATION

Last name:		First name:		Phone:	
Street address:			Email Address:		
Address Line 2:		City:		State:	ZIP Code:
Date of Previous Treatment:		Hours of Therapy Received:		Clinic Location:	

I received treatment for: Pain Infertility Obstruction Adhesions Other
If other, please specify:

What medical changes have you had since therapy? (surgery, trauma, infection, disease, fall, accident, etc.)

SECTION 2: PAIN

Headache	Neck	Back	Abdomen (above belly button)	Intercourse
Migraine	Shoulder	Tailbone	Pelvis (belly button and below)	Ovulation
				Menstrual

Please describe your level of pain improvement since therapy. The above list is for reference.

Pain in my _____ is

Pain in my _____ is

Pain in my _____ is

Pain in my _____ is

Details/Comments:

SECTION 3: DIGESTIVE FUNCTION

If this section does not apply to you, you may skip to section 4.

Please describe your level of digestive improvement in the following areas:

Digest solid food:

0% No Improvement 25% Little Improvement 50% Some Improvement 75% Good Improvement 100% Great Improvement

Nausea after eating:

0% No Improvement 25% Little Improvement 50% Some Improvement 75% Good Improvement 100% Great Improvement

Vomiting after eating:

0% No Improvement 25% Little Improvement 50% Some Improvement 75% Good Improvement 100% Great Improvement

Constipation:

0% No Improvement 25% Little Improvement 50% Some Improvement 75% Good Improvement 100% Great Improvement

Pain with bowel movements:

0% No Improvement 25% Little Improvement 50% Some Improvement 75% Good Improvement 100% Great Improvement

Diarrhea:

0% No Improvement 25% Little Improvement 50% Some Improvement 75% Good Improvement 100% Great Improvement

Digestive spasm:

0% No Improvement 25% Little Improvement 50% Some Improvement 75% Good Improvement 100% Great Improvement

Borborygmi (bowel sounds):

0% No Improvement 25% Little Improvement 50% Some Improvement 75% Good Improvement 100% Great Improvement

Overall Digestion:

0% No Improvement 25% Little Improvement 50% Some Improvement 75% Good Improvement 100% Great Improvement

Details/Comments:

SECTION 4: SEXUAL FUNCTION

If this section does not apply to you, you may skip to section 5.

Please describe your level of digestive improvement in the following areas:

Desire:

0% No Improvement 25% Little Improvement 50% Some Improvement 75% Good Improvement 100% Great Improvement

Arousal:

0% No Improvement 25% Little Improvement 50% Some Improvement 75% Good Improvement 100% Great Improvement

Lubrication:

0% No Improvement 25% Little Improvement 50% Some Improvement 75% Good Improvement 100% Great Improvement

Satisfaction:

0% No Improvement 25% Little Improvement 50% Some Improvement 75% Good Improvement 100% Great Improvement

Orgasm:

0% No Improvement 25% Little Improvement 50% Some Improvement 75% Good Improvement 100% Great Improvement

Details/Comments:

SECTION 5: FEMALES FERTILITY OUTCOMES

If this section does not apply to you, you may skip to section 6.

Pregnancy

I am now pregnant Yes No If yes, due date: _____

I became pregnant Yes No Number of pregnancies: _____

Dates of pregnancies:

Delivered: Yes No Names and Birth date(s):

Miscarried: Yes No Dates:

Ectopic: Yes No Dates:

Chemical (HCG but no heartbeat): Yes No Dates:

I have not yet become pregnant

I am no longer trying to become pregnant

I became menopausal Date:

IVF After Therapy

Date started cycle medications: _____ Transfer date: _____ N/A

Egg type: Fresh Frozen Non-Donor Donor

Results: Pregnancy Miscarriage Ectopic Chemical Pregnancy (HCG but no heartbeat) Did not become pregnant

Second IVF After Therapy

Date started cycle medications: _____ Transfer date: _____ N/A

Egg type: Fresh Frozen Non-Donor Donor

Results: Pregnancy Miscarriage Ectopic Chemical Pregnancy (HCG but no heartbeat) Did not become pregnant

Additional Procedures (medical, drug, surgery, natural)

Tube(s) cleared after therapy: Left Right N/A

Diagnosed by: HSG Laparoscopy Laparotomy

Hydrosalpinx cleared after therapy: Left Right N/A

Diagnosed by: Diagnosed by: HSG Laparoscopy Laparotomy

Details/Comments:

SECTION 6: CONTACT

Clear Passage Physical Therapy always keeps your identity confidential.

If you are interested in speaking with potential patients or the media, we will contact you each time for authorization.

May we call you to share your experience with potential patients? Yes No

May we call you to share your experience on a condition related forum? Yes No

May we call you to share your experience with the media? Yes No

What is your preferred method of contact? Phone Email

Please use the space below to note your story, comments, and/or questions.

THANK YOU FOR YOUR RESPONSE. WE APPRECIATE YOUR VALUABLE FEEDBACK.

Please print your follow-up survey and do one of the following:

- Fax it to us at 352.336.9980
- Scan and Email it to info@clearpassage.com
- Postal mail it to 4421 NW 39th Ave. Suite 2-2, Gainesville, FL 32606