

Pelvic Congestion Syndrome

(only for patients of Dr Patrik Tosenovsky)

Name: _____

Date of Birth: ____ / ____ / ____

Questionnaire for women (please tick the box if symptom is present and then return the questionnaire via email or post to us).

- Do you have feeling your bladder is full all the time? Are you forced to go to the loo often?
- Do you have chronic "pressure" in your pelvis (or chronic discomfort, ache or pain)?
- Do you have a pain during or after intercourse?
- Do you have a chronic vaginal discharge?
- Do you struggle with unusual menstrual bleeding?
- Do you have varicose veins in your thighs near groins/vulva/buttocks?
- Do you have haemorrhoids?
- Have you noticed swelling of your vulva/vagina?
- Do you have a tender lower abdomen?

Other problems:

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Signed by:

Date: